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CITY OF WAKEFIELD



ANNUAL REPORT

OF THE

Medical Officer of Health

For the Year

1960



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CONTENTS

	<i>page</i>
Introduction	3
Health Committee	4
Public Health Staff	5
Social and Statistical Information	10
Vital Statistics	10
National Health Service Act, 1946—	
Care of Mothers and Young Children (S. 22)	16
Midwifery (S. 23)	24
Health Visiting (S. 24)	26
Home Nursing (S. 25)	29
Vaccination and Immunisation (S. 26)	31
Ambulance Service (S. 27)	34
Prevention, Care and After Care (S. 28)	38
Domestic Help Service (S. 29)	47
Mental Health (S. 51)	48
Epidemiology	60
National Assistance Act, 1948—	
Removal of Persons (S. 47)	67
Incidence of Blindness	67
Staff Medical Examinations	67
Sanitary Inspection of Area	69
City Analyst's Report	104
Wakefield Swimming Baths	108
Sewage and Sewerage Disposal	109
Wakefield Water	109
Appendix	112
Index	115

PUBLIC HEALTH DEPARTMENT
TOWN HALL CHAMBERS
KING STREET
WAKEFIELD

October, 1961

*To the Mayor, Aldermen and Councillors
of the City of Wakefield.*

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in submitting to you my Annual Report for 1960.

I would like to thank all members of the Health Committee, and, in particular, the Chairman and Deputy Chairman for their assistance in the past year.

I wish also to thank Mr. Twyford, the Chief Public Health Inspector, who has been such a tower of strength to me. He has consulted me where he thought necessary, and has helped me in every possible way.

I wish to thank my Chief Clerk and my Secretary for their excellent help and their loyalty, and also the remainder of the staff who have given their services in an efficient yet kindly and courteous manner.

I am, Mr. Mayor, Ladies and Gentlemen,

Yours sincerely,

C. G. K. THOMPSON,

Medical Officer of Health

HEALTH COMMITTEE, 1960

Chairman: The Right Worshipful the Mayor

Alderman Leonard Boston, J.P.

Deputy Chairman: Councillor D. Hutchings.

Alderman R. Wheeler, M.B.E., J.P.

Councillors Mrs. W. Alexander, H. Clark, J. Dean, H. S. Grainger, T. E. Hirst, J. W. F. Howarth, R. K. McKim, I. R. Pickard, Mrs. I. E. Senior, G. H. Stead, E. W. Sutch, J. H. Taylor, O. F. O. Widdrington.

Non-Council Members:

Mr. R. Newton, Mr. G. A. S. Pickard.

Appointed upon nomination from other bodies:

Mr. C. R. Duffin and Mr. J. H. Howarth, representing National Health Service Wakefield Executive Council.

Dr. J. D. Bottomley and Dr. A. M. R. Heron, representing Wakefield Local Medical Committee.

Alderman Mrs. E. H. Crowe, J.P., representing Hospital Management Committee No. 9, Wakefield "A" Group.

Miss H. Staniforth, representing Hospital Management Committee No. 10, Wakefield "B" Group.

HEALTH DEPARTMENT STAFF, 1960

Medical Officer of Health and Principal School Medical Officer:—

CYRIL GEORGE KAY THOMPSON, M.B., CH.B., D.P.H.
Public Health Department, Town Hall Chambers,
King Street, Wakefield.
Telephone No.: Office, Wakefield 2731.
Telephone No.: Home, Wakefield 4691.

Deputy Medical Officer of Health and Deputy Principal School Medical Officer:—

GILBERT TATTERSALL, M.A., M.B., CH.B., B.A.O., D.P.H. (Resigned 31.1.60).
JOHN MATHER MORFITT, B.SC., M.B., CH.B., D.P.H., D.C.H., D.(OBST.) R.C.O.G. (appointed 1.2.60).

Assistant Medical Officer:—

J. K. BUTTERFIELD, L.M.S.S.A.(London), D.P.H. (Resigned 7.10.60).
D. MORTIMER, M.B., CH.B. (Appointed 1.11.60).

Principal School Dental Officer:—

R. E. WHITTAM, L.D.S., R.C.S.(Eng.). (Appointed 1.2.60.)

Dental Officer to Ante-Natal Clinics (part-time):

A. V. D. BUTLER, L.D.S.

Public Analyst (part-time):

R. A. DALLEY, F.R.I.C.

Chest Physicians (part-time):—

J. K. SCOTT, M.B., M.R.C.P., D.P.H.
J. VINER, M.B., CH.B.

Chief Public Health Inspector:

W. B. TWYFORD, (a), (b), (c)

Deputy Chief Public Health Inspector:—

R. SHARP, (a), (b), (c).

District Public Health Inspectors:—

J. G. BOWER (a), (b), (Appointed 1.7.60).
G. HEPWORTH (a), (b).
R. MURGATROYD (a), (b).
S. S. SPURR (b). (Appointed 19.5.60.)
J. A. WINTERBURN (a), (b).

Trainee Public Health Inspectors:

J. R. GRACE (Appointed 5.9.60.)
 D. NEWTON
 S. S. SPURR (To 18.5.60.)

- (a) Certificate of the Royal Society of Health for Inspectors of Meat and other Foods.
- (b) Certificate of R.S.H. and S.I.E. Joint Board.
- (c) Certificate of the Royal Society of Health for Smoke Inspectors.

Superintendent Nursing Officer and Superintendent Midwife:

Miss M. P. BRAMLEY, S.R.N., S.C.M., H.V.CERT., Queen's Nurse.

Health Visiting Staff:

Senior Health Visitor: Miss S. R. PEARSON, S.R.N., S.C.M., H.V.CERT.
 Miss M. D. CLARK, S.R.N., S.C.M., H.V.CERT. (Resigned 24.10.60)
 Mrs. E. INMAN, S.R.N., S.C.M., H.V.CERT. (Resigned 30.11.60)
 Mrs. A. MARSHALL, S.R.N., S.C.M., H.V.CERT.
 Miss M. PRESTON, S.R.N., S.C.M., H.V.CERT.
 Mrs. N. REDFEARN, S.R.N., S.C.M., H.V.CERT.
 Mrs. M. TOPLIS, S.R.N., S.C.M., H.V.CERT.
 Mrs. A. WARD, S.R.N., S.C.M., H.V.CERT.

Home Nurses:

Senior: Mrs. E. WILBY, S.R.N., S.C.M., Queen's Nurse.

Full Time:

Mrs. M. BASHFORTH, S.R.N. (Resigned 31.3.60.)
 Miss L. G. BATTAMS, S.R.N., S.C.M., Queen's Nurse.
 Mrs. M. E. DARLINGTON, S.R.N., S.C.M. (Became full-time 1.3.60).
 Mrs. J. DUNNILL, S.R.N.
 Mrs. D. HARPIN, S.R.N., Queen's Nurse (Commenced 1.1.60).
 Miss M. HEALEY, S.E.A.N.
 Mrs. I. F. LESLIE, S.R.N., S.C.M.
 Mrs. M. PAYNE, S.R.N. (Commenced 1.5.60).
 Mrs. J. E. SOWERBY, S.R.N. (Commenced 27.10.60).

Part-time:

Mrs. H. HARROP, S.E.A.N.
 Mrs. E. HOLLAND, S.R.N., Queen's Nurse.
 Mrs. B. McCORMACK, S.R.N. (Resigned 27.2.60).
 Mrs. M. WARD, S.R.N.

Municipal Midwives:

Miss I. M. AKESTER, S.R.N., S.C.M. (Commenced 1.5.60).
 Mrs. M. M. COYLE, S.R.N., S.C.M.
 Mrs. B. CROWTHER, S.R.N., S.C.M.
 Mrs. V. HALL, S.C.M. (Commenced 26.9.60).
 Mrs. B. HARRISON, S.C.M. (Commenced 1.11.60).
 Miss P. M. HAW, S.R.N., S.C.M. (Resigned 15.4.60).
 Miss I. LESSONS, S.R.N., S.C.M.
 Mrs. M. L. MITCHELL, S.C.M.

Part-time Maternity Nurses:

Mrs. M. MARTIN, S.R.N., S.C.M. (Resigned 19.11.60).
 Mrs. A. WHITE, S.R.N., S.C.M. (Resigned 19.11.60).

School Clinic Nurses:

Mrs. M. E. DOWNING, S.E.A.N. (Resigned 19.7.60).
 Mrs. N. V. PARKINSON, S.R.N. (Commenced 19.9.60).

Matron, Burneytops Day Nursery: Miss E. MOSLEY, S.R.N., R.F.N.

Physiotherapist: Mrs. R. JONES, M.CH.SOC.PH.

Dental Attendant: Mrs. B. WARD.

Domestic Help Organiser: Miss H. COX.

Venereal Diseases Social Worker (part-time):

Miss H. WALKER, S.R.N., S.C.M., H.V.'S CERT. (Retired 31.12.60).

Supervisor, Junior Training Centre:

Mrs. P. M. VOGLER.

Ambulance Officer: R. HUNT.

Assistant Ambulance Officer: A. E. COLLINS

Mental Welfare Officers:

J. B. GRACEY, R.M.N., R.M.D.N.—Senior.
 Mrs. C. F. BUTLER, R.M.N. (Commenced 1.7.60).

Relief Mental Welfare Officers:

G. F. BAUME (Appointed 1.4.60)
 L. BLY (Resigned 29.2.60)
 A. HUDSON

*Clerical Staff:—**Chief Clerk:*

L. BLY, A.C.C.S., D.M.A. (Resigned 29.2.60).

G. F. BAUME (Commenced 1.4.60).

Assistant Chief Clerk: E. MORTON.

School Health Service Clerk:

Miss D. BLANSHARD (Commenced 14.7.60).

H. W. TATE (Resigned 13.7.60).

Senior Female Clerk: Mrs. P. WOOD, A.S.T.C.

Clerks:

Miss A. ARMITAGE (Commenced 28.12.60).

H. A. BENTON

Miss P. A. CLIFFORD

A. L. CURTIS

Mrs. J. CUNNINGHAM

Mrs. J. CURRY

Miss M. DRIVER

Mrs. K. FEARN

Miss B. HARVEY

Mrs. S. LYNAM

G. MOUNTAIN

Mrs. E. MOUNTREY (Commenced 28.12.60).

Mrs. V. SATTERSFITT

Miss A. SHAW

PART I

SOCIAL AND STATISTICAL INFORMATION

SOCIAL CONDITIONS

VITAL STATISTICS

PART I

SOCIAL AND STATISTICAL INFORMATION

1. Area of County Borough	5,801 acres
2. Population (a) Census 1951	60,038
(b) Registrar General Mid-Year 1960	59,840
3. Number of inhabited houses at 31.3.60 ..	19,232
4. Density of Population	10.2 per acre
5. Rateable value at 1.4.60	£819,974
6. Product of a penny rate 1959/60	
(a) Gross	£3,372
(b) Net	£3,330

SOCIAL CONDITIONS

Wakefield is very favourably placed as an industrial centre situated as it is in the heart of the West Riding of Yorkshire and the Yorkshire Coalfield; and is served by two main railway lines running roughly north and south and east and west. Wakefield is readily accessible to the A.1 and the London-Yorkshire Motorway will eventually touch the City boundary on its way to Leeds, and the planned new motorway west from Hull will join this between Leeds and Wakefield. In addition there is available an up-to-date waterway system by which goods may be quickly and efficiently carried to and from the Humber ports.

Some 81 different industries operate in Wakefield, which is undoubtedly unique for a town of its size, and this diversity of industry is a welcome guarantee for the future.

VITAL STATISTICS

Live Births		1960	1959	1958
Legitimate—	Male	475	449	449
	Female	412	412	406
Illegitimate—	Male	23	11	23
	Female	24	22	22
Total		934	894	900
Birth rate per 1,000 population		15.6	14.9	15.1
Birth rate adjusted by application of comparability factor		16.2	15.1	15.7
Birth rate per 1,000 population (England and Wales)		17.1	16.5	16.4
Illegitimate live births per cent. of Total live births		5.03%	3.69%	5.0%

Still Births

Legitimate—	Male	10	10	8
	Female	7	12	11
Illegitimate—	Male	2	—	—
	Female	—	—	—
Total ..		19	22	19
Rate per 1,000 total births (live and still)		19.9	24.0	20.7
Rate per 1,000 total births (live and still) in England and Wales		19.7	20.7	21.6
Total live and still births ..		953	916	919

Infant Mortality

Infant deaths under 1 year of age	28	27	29
Total infant deaths per 1,000 total live births	30.0	30.2	32.2
Legitimate infant deaths per 1,000 legitimate live births	28.2	30.2	33.9
Illegitimate infant deaths per 1,000 illegitimate live births ..	63.8	30.3	—
Infant deaths per 1,000 total live births (England and Wales) ..	21.7	22.0	22.5

Neo-Natal Mortality

	1960	1959	1958
Deaths under 4 weeks per 1,000 total live births.. ..	20.3	16.8	22.2
Deaths under 1 week per 1,000 total live births.. ..	19.3	13.4	—

Perinatal Mortality

Stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths	38.8	37.1	—
---	------	------	---

Maternal Mortality (including Abortion)

Number of Deaths	1	—	1
Rate per 1,000 total live and stillbirths	1.0	—	1.1

TABLE I
CAUSES OF DEATH, 1960.

Causes of Death		Totals	Age Distribution.																West Alverthorpe	East Alverthorpe	St. John's	Northgate	Eastmoor	Lupset	Westgate	Belle Vue	Calder	Sandal	Kirkgate						
			Under 1 year		1—4		5—14		15—24		25—44		45—64		65—74		75—up																		
			M.	F.	M	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.																	
1	Tuberculosis, Respiratory	2	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2	Tuberculosis, Other	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
3	Syphilitic Disease....	4	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	
4	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
5	Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
6	Meningococcal Infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
7	Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8	Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
9	Other Infective and Parasitic Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
10	Malignant Neoplasm, Stomach	24	—	—	—	—	—	—	—	—	—	3	4	2	3	4	8	—	2	1	2	3	1	4	3	2	6	—	—	—	—	—	—		
11	Malignant Neoplasm, Lung, Bronchus	23	—	—	—	—	—	—	—	—	—	11	2	9	—	1	—	—	2	1	1	5	2	4	4	1	2	1	—	—	—	—	—		
12	Malignant Neoplasm, Breast	11	—	—	—	—	—	—	—	—	1	—	6	—	1	—	3	1	—	—	1	—	—	—	—	4	1	—	—	—	—	—	—		
13	Malignant Neoplasm, Uterus	6	—	—	—	—	—	—	—	—	2	—	3	—	—	—	1	—	—	—	2	3	—	—	—	—	—	—	—	—	—	—	—		
14	Other Malignant & Lymphatic Neoplasms	73	—	—	—	—	—	—	—	4	—	6	12	13	19	6	13	4	6	8	10	9	5	5	7	7	4	8	—	—	—	—	—		
15	Leukaemia, Aleukaemia	5	—	—	—	—	—	—	—	—	—	2	1	—	—	1	1	—	1	—	2	—	—	1	—	—	1	—	—	—	—	—	—		
16	Diabetes	9	—	—	—	—	—	—	—	—	—	1	—	—	4	1	3	1	—	—	1	4	—	—	—	2	—	—	—	—	—	—	—		
17	Vascular Lesions of Nervous System	112	—	—	—	—	—	—	—	—	1	18	11	8	17	26	31	4	11	9	16	17	11	9	8	11	7	9	—	—	—	—	—		
18	Coronary Disease, Angina	157	—	—	—	—	—	—	—	1	—	39	9	29	25	25	28	12	11	18	20	22	10	15	6	15	9	19	—	—	—	—	—		
19	Hypertension with Heart Disease	37	—	—	—	—	—	—	—	—	—	3	—	1	9	7	17	2	4	2	12	4	—	2	2	3	3	3	—	—	—	—	—		
20	Other Heart Disease	122	—	—	—	—	—	—	2	—	2	9	11	12	20	17	49	7	6	10	50	6	9	12	6	4	7	5	—	—	—	—	—		
21	Other Circulatory Diseases	18	—	—	—	—	—	—	—	—	—	3	2	2	4	4	3	3	—	2	4	2	—	2	2	1	1	1	—	—	—	—	—		
22	Influenza	2	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	
23	Pneumonia	29	5	2	—	—	1	1	—	—	1	1	3	2	—	1	4	8	1	3	1	4	6	4	3	1	1	4	1	—	—	—	—	—	
24	Bronchitis	52	1	—	—	—	—	—	—	—	—	11	3	7	2	17	11	4	3	4	4	12	2	4	8	2	5	4	—	—	—	—	—		
25	Other Diseases of Respiratory System	4	—	—	—	—	—	1	—	—	—	1	—	—	—	1	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	
26	Ulcer of Stomach and Duodenum	12	—	—	—	—	—	—	—	—	—	3	1	3	—	4	1	2	1	1	2	—	3	1	—	1	1	—	—	—	—	—	—	—	
27	Gastritis, Enteritis and Diarrhoea	3	1	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	
28	Nephritis and Nephrosis	4	—	—	—	—	—	—	—	—	—	2	1	—	—	—	1	—	—	2	1	—	—	—	—	1	—	—	—	—	—	—	—	—	
29	Hyperplasia of Prostate	6	—	—	—	—	—	—	—	—	—	—	—	—	2	—	4	—	—	—	—	—	1	1	1	1	1	1	—	—	—	—	—	—	
30	Pregnancy, Childbirth and Abortion	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
31	Congenital Malformations	4	1	1	1	—	—	—	—	—	—	—	1	—	—	—	—	2	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	
32	Other Defined and Ill-Defined Diseases	51	6	10	—	1	—	—	—	—	2	4	6	5	4	2	11	4	5	4	8	7	1	1	3	5	8	5	—	—	—	—	—	—	
33	Motor Vehicle Accidents....	15	—	—	—	1	1	—	—	—	4	1	1	2	—	2	3	—	2	3	2	1	1	—	2	1	1	—	—	—	—	—	—	—	
34	All Other Accidents	18	—	—	—	—	1	—	—	1	3	1	2	—	—	3	3	4	2	3	6	2	—	—	—	—	1	1	—	—	—	—	—	—	
35	Suicide	6	—	—	—	—	1	—	—	—	1	—	2	—	—	1	—	—	—	1	1	—	—	—	—	1	1	2	—	—	—	—	—	—	
36	Homicide and Operations of War	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Totals		811	14	14	1	2	3	1	1	4	15	12	127	77	95	115	133	197	51	59	73	153	105	52	66	58	63	66	63	—	—	—	—	—	

PART II

PERSONAL HEALTH SERVICES**National Health Service Act, 1946**

Section 21 Health Centres.

- „ 22 Care of Mothers and Young Children.
- „ 23 Midwives Service
- „ 24 Health Visiting
- „ 25 Home Nursing
- „ 26 Vaccination and Immunisation
- „ 27 Ambulance Service
- „ 28 Prevention of Illness, Care and After-care.
- „ 29 Home Help Service.

PART II
PERSONAL HEALTH SERVICES
National Health Service Act, 1946

HEALTH CENTRES (Section 21)

No progress was made during 1960 in the provision of Health Centres.

CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

Ante-Natal and Post-Natal Care

Ante and Post-Natal Clinics for domiciliary confinements are held at the following Centres:—

The Principal Child Welfare Centre	Each Friday afternoon
The Clinic, 68 Batley Road	Alternate Friday afternoons
Hall Road Clinic, Lupset Estate	Alternate Friday afternoons

At these Clinics expectant mothers are examined by the Midwives who become familiar with their cases. Up to the end of July a doctor attended the Ante-Natal Clinics to take blood specimens for pathological examination, but as he did not undertake the medical examination of the expectant mothers it was felt that much of his time was being wasted, and, therefore, arrangements were put in hand for a doctor to attend a special weekly clinic on Wednesday mornings at the Principal Child Welfare Centre for the purpose of taking blood specimens only. Although this revision of arrangements means that expectant mothers have to journey from all parts of the City to a central point, the arrangement is working satisfactorily and there has been no complaint.

The number of expectant mothers who attended the midwives' sessions during the year was 742 of whom 513 were new cases, and they made a total number of attendances of 1,618.

Expectant mothers who book for a hospital confinement attend the out-patients department of the maternity hospitals.

Relaxation Classes

It is pleasing to report that following the appointment of Mrs. R. Jones, Physiotherapist, in November, 1959, Relaxation Classes for expectant mothers and others were held again during the year 1960 at the Principal Child Welfare Centre, The Cliffe, Margaret Street. 77 expectant mothers made 348 attendances, and a further 21 attendances were made by others.

Child Welfare

Attendances at Child Welfare Clinics continued as usual, and no new centres were opened during the year. A summary of the attendances at the various clinics is shown in the following table:—

	Batley Road	The Cliffe	Eastmoor	Manygates	Snape-thorpe	Total
1. Day of Clinic (Afternoons weekly)	Thursday	Monday and Thursday	Tuesday	Tuesday	Wednesday	6
2. No. of children who first attended a centre during the year, and who, at their first attendance, were under 1 year of age	131	225	85	126	97	664
3. No. of children who attended during the year and who were born in:— 1960	112	200	65	112	85	574
1959	110	135	72	100	87	504
1958-55	186	62	48	78	70	444
4. Total No. of children who attended during the year	408	397	185	290	242	1522
5. No. of attendances during the year made by children who at the date of attendance were:— 0 - 1 year	1532	1272	863	1394	1088	6149
1 - 2 years	368	174	179	373	175	1269
2 - 5 years	226	108	117	227	112	790
6. Total attendances during the year..	2126	1554	1159	1994	1375	8208

Distribution of Welfare Foods

Since taking over responsibility for the distribution of Welfare Foods from the Ministry of Food it has been the aim that no person will have very far to go to obtain dried milk and vitamins. To this end a clerk attends the clinics each week on specified days to distribute the Welfare Foods.

The following amounts were issued during 1959 and 1960:—

	1960	1959
National Dried Milk	12,475	14,093
Cod Liver Oil	3,449	3,412
Vitamin Tablets	4,116	3,733
Orange Juice	24,760	27,081

In addition 716 tins of Dried Milk, 36 bottles of Cod Liver Oil and 588 bottles of orange juice were issued direct to the Hospitals and Day Nursery.

Care of Premature Babies

Arrangements exist with the Regional Hospital Board for the emergency admission of prematurely born infants to a premature baby unit at Manygates Hospital. An emergency “flying squad” based on Manygates serves Wakefield and district.

There were 67 premature live births during 1960 of which 50 were born in hospital and 17 at home. Of the 17 born at home 15 survived. Two were transferred to hospital and died there.

Ten of the hospital premature births died within 24 hours and 3 more died before the 28th day.

Of the 19 still-births shown in the vital statistics, 8 were premature still-births.

	1958	1959	1960
Total live children born prematurely	66	48	67
Died with 24 hours	6	4	11
Died within 28 days	4	1	4
Survived 28 days	56	43	52

Liaison between the Child Guidance Team and Staffs of Child Welfare Clinics in Wakefield

The staff of the Child Guidance Centre consists at this time, May, 1961, of a Psychologist, a Remedial Teacher, a Secretary and a half-time Social Worker who was appointed in March, 1961. Since September, 1960, there has not been a Psychiatric Consultant on the staff.

The relationship between the staffs of the Child Guidance Team and the Child Welfare Clinics has been close, cordial and of mutual benefit. During the period when there was no Social Worker all, or nearly all, of the information about Child Guidance cases which should have been provided by a Social Worker was supplied by the City's Health Visitors. Contact between these Health Visitors and the Psychiatrist was frequent, and information and advice derived from diagnostic and therapeutic work at the Child Guidance Centre was fed back to parents, schools and Child Welfare Clinic staff by the Psychiatrist in the course of many informal discussions with the Health Visitors.

This valuable traffic in information and advice has slackened of late because of the Psychiatrist leaving the staff. There is no fear, however, of its ceasing altogether. The new Social Worker has been careful to cultivate existing relationships with the Health Visitors and will depend upon them for advice and information about local conditions and casework problems for some time to come. On the other hand, her professional status and extensive experience in the fields of nursing and mental health make it probable that her advice will be sought increasingly by the staff of the City's Child Welfare Clinics on general problems of child development and in respect of individual casework problems.

I feel confident that by the time a new Psychiatric Consultant is appointed to the staff, the good habits of working together with the Welfare Clinics will have been strengthened and will be found capable of extension.

Burneytops Day Nursery

The Day Nursery continues to provide an excellent service, caring for those children under the age of 5 years whose mothers go out to work and for a number of children who are admitted on medical advice.

Of the children attending the Nursery, a full charge of 7s. 6d. a day is made in respect of approximately 75 per cent., whilst an assessed sum based on family income is charged for the remainder.

The average daily attendance varies from 20 to 30 children. The parents can leave their children knowing that they will soon settle down, be comfortable and happy under the expert care of the staff.

Children have the benefit of regular meals and rest, and have plenty of space for playing both inside the Nursery and outside

in the private garden. Many of them improve physically and their parents often remark on the improvement in their general behaviour.

The children are taught table manners and simple hygiene. In this respect it is interesting to quote the reaction of one parent who complained that her daughter aged two and a half years "is always wanting to wash her hands after she has been to the toilet".

An Annual Report is not usually used for the purpose of an appeal, but there is always a shortage of toys at the Nursery, and gifts of unwanted toys in good condition are always very welcome.

Orthopaedic Clinic and Ultra-Violet Light Treatment

Work carried out by Mrs. Jones, Physiotherapist, at the Orthopaedic Clinic and Ultra Violet Light Clinic for children under school age during the year was as follows:—

	<i>Orthopaedic</i>	<i>U.V.L.</i>
Number of attendances	25	216

Summary of Dental Treatment of Expectant and Nursing Mothers and Children under School Age during 1960

Dental treatment of expectant and nursing mothers is undertaken by Mr. A. V. D. Butler, L.D.S., who is employed by the Health Committee on a sessional basis, whilst dental treatment of pre-school children is carried out by Mr. R. E. Whittam, L.D.S., R.C.S.(Eng.), Principal School Dental Officer, at the Dental Clinic, The Cliffe, Margaret Street, Wakefield.

(a) Numbers provided with dental care:

	<i>Expectant and Nursing Mothers</i>	<i>Children under the age of five years</i>
Number examined	35	182
Needing treatment	34	81
Number treated	31	18
Number made dentally fit ..	25	18

(b) Forms of dental treatment provided:

		<i>Expectant and Nursing Mothers</i>	<i>Children under the age of five years</i>
Scaling and Gum Treatment ..	..	12	—
Fillings .. .. .	..	38	8
Silver Nitrate Treatment ..	..	—	—
Crowns or Inlays ..	..	—	—
Extractions .. .. .	..	152	28
General Anaesthetics ..	..	16	16
Dentures provided:			
Full Upper or Lower ..	..	13	—
Partial Upper or Lower ..	..	10	—
Radiographs .. .. .	..	5	—

Nursing Homes

One maternity home is registered under the Public Health Act, 1936. This home was inspected during the year, and the premises and staffing were found to be satisfactory.

Care of Unmarried Mothers and Their Children

The Wakefield Corporation make an annual contribution to the Pontefract and Wakefield Deaneries Moral Welfare Association under whose auspices the Haven at Pontefract, a home for unmarried mothers and their children, is maintained. Unmarried mothers from the City of Wakefield are normally admitted to this Home where they receive care and attention for a period usually of eight weeks covering the time before and after the confinement; financial responsibility for their maintenance being accepted by the Corporation less any contribution which the girl is able to make.

The following report is submitted by Miss Colley, Social Worker to the Pontefract and Wakefield Deaneries Moral Welfare Association:—

“As usual, problems, mostly affecting the unmarried mother, have been dealt with through my office at Church House, and within the City itself. Many of these problems have been amongst the younger age group, but all the problems presented by our applicants for help, irrespective of age, reflect in some measure the times in which we live. The unmarried mother of today does not always come from the poor or broken home. She may

be a teacher, clerk, shop assistant or a factory worker. Many of these girls are earning big wages, many of them are well dressed, many coming from a home which has every material advantage and where the standard of living is high. She may be living on her own in a flat, or in lodgings, yet one finds in all our applicants that there has been very little training in religious, moral or other social standards. Many have very few roots or ideals upon which to make a stand and to build a useful life. "Having a baby" may mean very little to her, other than the inconvenience. Pre-marital intercourse is often considered to be the normal relationship, if you "want to keep a fellow" as one girl told me quite recently.

When a girl realises her condition and knows of no escape, she then comes for help: sometimes alone, sometimes with her parents, sometimes with the alleged putative father. At first she is definite as to what she wants — usually the quick adoption of her baby. It is at this point that our real work begins in providing guidance and help to try and assist the girl to understand her situation. Plans are made for her personal care and for the future of her expected baby. The alleged putative father is brought into the picture, so as to make, if at all possible, as complete a situation by practical sympathy and understanding. All this takes time and energy, as one very often not only has the girl's problems but the whole family on one's hands. Many of the girls do rehabilitate themselves extremely well, whilst others appear incapable of learning from experience, so the Social Worker just goes on coping, hoping one day by sympathetic understanding that a change will come.

Most of the cases find their way to my office from the Public Health Authorities, Hospital Almoners, General Practitioners, Social Welfare Officers, Education Officers, Probation Officers, and other statutory and voluntary bodies.

I now give a few abridged case histories.

Case 1

Aged 18 years whom, for some reason did not live with her parents, but was brought up by her grandmother. The girl went to Sunday School and attended Chapel Services regularly. She worked daily in a factory. The boy in the case was a nice lad, and he gave to J. some of the things in terms of security and affection which the girl had not had earlier in life. Thus, their relationship became too much for their emotional will, and a baby came along. Baby was adopted, the girl returned to her grandmother and a job was found for her. In time she returned to Sunday School work and Chapel and is now doing very well indeed.

Case 2

M., aged 20 years. This girl became known to me after her baby was born, and it was her father who brought her to see me at my Wakefield office. The alleged putative father was a serving soldier, well known to the girl's parents. They became engaged and the marriage was arranged, but later the boy changed his mind, broke off the engagement on the plea "he did not think he was the father of M.'s baby". An Affiliation Order was sought through the Court and granted against the boy. Baby is now happily absorbed in the family life, and the girl is doing well at work.

Case 3

C., aged 18 years, illegitimate herself, brought up by her grandmother. She was a shop assistant and the boy concerned also worked in the same shop. Together they kept company for over two years, visiting each other's homes, holidaying together, and were talking about marriage. Then a baby was expected which changed the whole picture. The boy does not deny his responsibility, but the friendship has now completely broken down. The girl went to an Unmarried Mother and Baby Home, behaved herself splendidly and the child was placed for adoption. The girl is now back with her grandmother and doing the job which was found for her, and is a comfort to those at home.

Case 4

P., a young married woman. Living with a home-loving husband and one child of the marriage. Suddenly got "fed up" with her life. So she would leave her husband on several nights each week to go dancing, and into public houses, where she became friendly with another married man. They both decided to leave their respective marital homes, and make a home together. Later a child was expected, then the putative father and the young woman came to see me. He assured me he was going "to stick to P.", but very soon afterwards he walked out on P., returning to his own wife and children. The young woman went to live with friends, baby was born, and later the young woman's husband sought her out. It has now been decided after a round-the-table conference, that the woman and baby could return to the married home. So far, all is well, baby has been accepted by the husband and the son, and one hopes that the wife is going to make the most of her second chance. Her husband is a charming fellow.

Case Analysis

First illegitimate child	..	..	..	..	..	9
Second illegitimate child	..	..	..	..	..	3
Third illegitimate child	..	..	..	..	..	1
Married women with illegitimate children				..	..	3
Girls remaining at home	..	..	..	..	..	7
Girls admitted into the Haven	..	..	..	..	..	2
Girls left the district	..	..	..	..	..	1
Girls to other Homes	..	..	..	..	..	2
Unclassified cases	..	..	..	..	..	2
						<hr/> 30
Child with own mother	..	..	..	..	..	14
Child adopted	..	..	..	..	..	2
Child died	..	..	..	..	..	1
Miscarriage	..	..	..	..	..	1
Child with mother on another District	..	..	..	..	..	2
Child "in care"	..	..	..	..	..	1
Child's future undecided	..	..	..	..	..	7
Cases of alleged putative fathers			..	..	..	11
Visits paid to homes	..	..	..	..	..	98
Interviews given	..	..	..	..	..	165

One cannot end this report without a note of gratitude for all the help received from Dr. Thompson and the members of the City Council of Wakefield. It has been wonderful having such unfailing support, and I, personally, am indeed very grateful for all the help given."

MIDWIFERY (Section 23)

For an efficient domiciliary midwifery service a close working relationship is essential between the general practitioner and midwife. This co-operation I feel is particularly harmonious in the City, and is being further fostered by several of the midwives attending the practitioners' ante-natal clinics as well as those run by the Local Authority. This practice I hope will continue to develop as opportunities arise.

During the year there have been twelve pupil midwives taking the last three months of their training with the domiciliary midwives. For the first time for a long period we have been fortunate in reaching our full establishment of seven midwives, which has eased considerably the strain on those who have been carrying out extra duties while there has been a staff shortage. We are indeed grateful to the maternity nurses who have so nobly helped us through a difficult time.

The Relaxation Classes for expectant mothers held at the Principal Child Welfare Clinic have been much appreciated and well patronised. Our Physiotherapist, Mrs. Jones, has put much time and energy into the running of these. I am anxious that these classes should be held at the branch clinics as well and be combined with courses of instruction in parentcraft, and to this end in the autumn one of the midwives attended a short course at Grantley Hall, near Ripon.

In July the new rules of the Central Midwives Board came into operation. The two which would appear to have the most far-reaching effects are, firstly, the abolition of the term "maternity nurse" which now means that all nurses in attendance on puerperal women are midwives, and as such must comply with the regulation of attending a refresher course every five years, thus keeping abreast with modern knowledge and ideas.

Secondly, the 'lying-in period' — the statutory time after the birth of the baby, in which the midwife must be in attendance on the mother — has been reduced to "not less than ten days" instead of fourteen as formerly. This should mean that the midwife has more time to devote to ante-natal visits to patients, and thus further help to reduce the complications of pregnancy and labour. It is now more important than ever that there should be close liaison between the Midwife and Health Visitor in order to promote continuity of care, with special reference to breast feeding.

During the year 25 midwives notified their intention to practise. Of these 7 were employed by the Corporation as domiciliary midwives, one acts in a private capacity and the remainder practise at the maternity hospitals (Manygates and the General Hospital).

Confinements

Details of cases attended by the domiciliary midwives during 1960 were as follows:—

(a) Doctor Not Booked:—

Doctor present at the time of delivery of the child	..	1
Doctor not present at the time of delivery of the child		10

Doctor Booked:—

Doctor present at the time of delivery of the child (either doctor booked or another)	46
Doctor not present at the time of delivery of the child				394

Total	451
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(b) Number of deliveries by midwife in private practice ..	7
(c) Number of deliveries by midwives in the City's Maternity Hospitals	1481
Grand Total	1939

The proportion of domiciliary and hospital births of residents were:—

	<i>Domiciliary</i>	<i>Hospital</i>	<i>Total</i>
Number	456	497	953
Percentage	48%	52%	100%

Medical Aid

Medical aid was summoned by the domiciliary midwives in accordance with the provisions of Section 14(1) of the Midwives Act, 1951, as follows:—

(i) Where the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service.. ..	55
(ii) Others	10

Inhalational Analgesics

All the domiciliary midwives are qualified to administer inhalational analgesics and each is provided with the appropriate apparatus. Gas and air analgesics were administered in 380 cases by the domiciliary midwives and pethidine was administered in 241 cases — a very high proportion of the domiciliary cases attended.

I am strongly opposed to the indiscriminate use of pethedine. The World Health Organisation class this drug as being as dangerous as morphia. I have therefore with great reluctance and misgiving permitted the use of pethedine by midwives only under the aegis and written prescription of the general practitioner attending.

HEALTH VISITING SERVICE (Section 24)

In 1862 the Salford Ladies' Sanitary Reform Society set itself the tremendous task of visiting every home in Salford, irrespective of colour, class or creed.

So undaunted, and eventually successful, were those early pioneers, that the movement spread to other northern Cities, and with the backing of Florence Nightingale at the end of the 19th

century, the Health Visitor, as we know her today, has gradually emerged; although it was not until the passing of the National Health Service Act that a statutory duty was placed on Local Authorities to provide a Health Visiting Service.

The Health Visitor has become the friend of the whole family. In Wakefield we have always realised the importance of this, and for this reason the Health Visitors perform the triple duties of School Nurses, Tuberculosis Visitors and Health Visitors.

In April, two of the Health Visitors attended a refresher course, the title of which was "From Birth to Maturity and Old Age", during which, in lectures and discussions, the invaluable opportunities open to the Health Visitor were traced throughout the human life-span.

During recent years it has become increasingly recognised that the Health Visitor has a most vital contribution to make in assisting general practitioners with cases and problems dealing with health education and social advice. This was underlined by the Jameson Report on Health Visiting, published in 1956, and the Circular issued by the Ministries of Health and Education in November, 1959.

For the promotion of this close liaison between the Practitioner and the Health Visitor, it is important that they are readily accessible to each other, and to the people in the community. For this reason, during the year, where possible the Health Visitors have moved out from the central offices to the clinics on their districts. There they can be contacted directly or by telephone at certain times of the day.

This venture has led to difficulties, but I hope that ultimately it will be to the greater benefit of the people of the City.

Mention is made elsewhere of the Health Visitors' part in schemes of organised Health Education. During the year in one of the Infant Welfare Clinics film strips have been shown at monthly intervals to groups of mothers, followed by discussion.

As she has intimate knowledge of so many families the Health Visitor is also officially recognised as the worker most fitted to carry out preventive mental health, and she is always on the look out for early signs of mental breakdown.

The number of visits made by Health Visitors during 1960 as compared with those of the previous year are as follows:—

	1959	1960
Children under 5 years visited during the year	4068	3434
Children under 1 year of age:		
First Visits	864	854
Total Visits	4914	4517
Children between 1 and 2 years of age:		
Total Visits	3181	2920
Children between 2 and 5 years of age:		
Total Visits	4568	4339
Expectant Mothers:		
First Visits	341	334
Total Visits	574	503
Other cases	1052	1601
Tuberculosis Households — Total Visits	561	371
Total number of households visited ..	3385	3075
Ineffectual Visits	1674	1614
Attendances at Clinics	692	521

Geriatrics

During the year there was again continued co-operation with the Consultant Geriatrician, and Health Visitors paid 132 special visits to report on patients for whom a bed had been requested in Geriatric hospitals. The nature of these visits are to provide the Consultant Geriatrician with a clear picture of the patient's home environment so that he can more easily assess the urgency for admission, having been provided with the patient's needs from a medical angle by the General Practitioner.

The Consultant Geriatrician also continued to notify the Department of all discharges so that the Health Visitors could pay visits to determine the needs of the patients, for example, whether a Home Help should be provided and whether meals on wheels should be recommended.

The number of beds for geriatric patients is very limited in Wakefield, and the majority of patients are sent either to the Headlands Hospital, Pontefract, or Hemsworth Hospital.

CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

(Ministry of Health Circular 78/50)

Prevention of Break-up of Families. Circular 27/54.

The co-ordinated service which is offered to problem families as a result of the discussions by the Co-ordinating Committee continues to prove beneficial to those families who for a variety of reasons, such as physical and mental ill-health, marital problems, and financial difficulties, do not seem able to attain or maintain an adequate standard of living.

The "Children Neglected or Ill-treated in their own Homes Co-ordinating Committee" met 3 times during the year and discussed approximately 23 such families. As a result of these meetings appropriate action has been taken by the people most closely connected with the cases.

The Committee has the following membership:

- The Health Department (all sections)
- The Children's Department
- Probation Department
- Welfare Department
- Police Department
- Education Department
- City Treasurer
- Ministry of Labour
- National Assistance Board
- Council of Social Service
- National Society for the Prevention of Cruelty to Children
- Psychiatric Social Worker
- Educational Psychologist
- Soldiers', Sailors' and Airmen's Families Association
- Women's Voluntary Service.

Illegitimate Children

During 1960 there were 47 illegitimate births in the City.

Special attention continues to be paid to such children by the Health Visiting Staff, to ensure that they are not neglected.

HOME NURSING SERVICE (Section 25)

Early in 1960, final details of the plans for the courses of training for Home Nurses were approved by the Ministry of Health, and a number of training centres of the Queen's Institute of District Nursing commenced their training in May.

There are two courses—

- (1) of 4 months duration for State Registered Nurses, and
- (2) of 3 months for Midwives, Health Visitors and State Registered Nurses with at least 18 months' previous district experience.

The main purpose of these courses is to teach hospital trained nurses to adapt their techniques to the needs and conditions in the homes of the patients, and also to enable the Home Nurse to take her place as an important member of the Public Health team.

During 1960 three members of the nursing staff underwent their training, two to Bradford, and one to Huddersfield.

All three benefited from these courses, and were successful in the final examination, both of the Queen's Institute and the Ministry of Health.

At the end of the year, the staff was composed of nine full-time and three part-time Nurses, an increase of four full-time over 1959.

The Laundry Service for the aged and the Loan Equipment supplied by the Department have been valuable assets for the comfort of the patients, and aid to the nurses in their work.

Although a large part of the Home Nurses' work is necessarily concerned with the aged, and together with the Home Help Service greatly helps in keeping many older people longer in their own homes; work with more acute types of illness or with children would be welcomed. Not only would this sustain the interest of the nurses on the district, all of whom are fully trained, but it would assist in alleviating the shortage of beds in the general hospitals.

The number of cases attended by the Home Nurses during 1960 and the number of visits is illustrated below:—

					<i>No. of Individual Patients</i>	<i>No. of visits paid to these Patients</i>
(1) Medical	..	..	..	..	591	22,935
(2) Surgical	..	..	..	..	106	2,799
(3) Infectious Diseases	..	..	..	..	—	—
(4) Tuberculosis	..	..	..	..	19	1,032
(5) Maternal Complications	..	..	..	..	22	207
(6) Others	..	..	..	..	—	—
					<hr/> 738	<hr/> 26,973

(7) Patients aged 65 years and over at the time of their first visit during the year	410	16,446
(8) Children aged under 5 at the time of their first visit during the year	43	402
(9) Patients who had more than 24 visits during the year	236	22,002

VACCINATION AND IMMUNISATION (Section 26)

The general arrangements and programme remained unchanged.

Vaccination against Smallpox

The number of persons vaccinated or re-vaccinated during 1960 were as follows:—

<i>Age at date of Immunisation</i>	<i>Under 1 year</i>	<i>1 year</i>	<i>2-4 years</i>	<i>5-14 years</i>	<i>15 yrs. and over</i>	<i>Total</i>
Number vaccinated	439	23	23	18	22	525
Number re-vaccinated	—	—	2	6	53	61

Immunisation against Diphtheria

During the year primary immunisations and reinforcing injections against Diphtheria was carried out for children in the following age groups:—

<i>Age and date of Immunisation</i>	<i>Under 1 year</i>	<i>1-4 years</i>	<i>5-14 years</i>	<i>Total</i>
Primary Courses	453	172	84	709
Reinforcing Injections ..	—	104	761	865

Diphtheria Immunisation in Relation to Child Population

The number of children at 31st December, 1960, who had completed a course of immunisation against Diphtheria at any time between 1st January, 1946, and 31st December, 1960.

<i>Age at 31.12.60 i.e. Born in Year</i>	<i>Under 1 1960</i>	<i>1 - 4 1956-59</i>	<i>5 - 9 1951-55</i>	<i>10 - 14 1946-50</i>	<i>Under 15 Total</i>
Last course of injections (whether primary or booster)					
A 1956-60	197	2209	2717	1169	6292
B 1955 or earlier ..	—	—	904	3126	4030
C. Estimated mid-year child population					
	840	3560	9100		13500
Immunity Index					
$\frac{100 \text{ A/4}}{\text{C}}$	23.5%	62.%	42.7%		46.6%

Immunisation against Whooping Cough

Immunisation against Whooping Cough commenced in the City in 1952 and during the past eight years the level of immunity in younger children has been gradually increasing. It is to be hoped that as the level continues to extend the number of notifications will continue to decrease.

Notifications during the last 10 years has shown a most spectacular downward trend, and it is undoubtedly due to the rising level of prophylactic immunisation against children.

Notifications during the past 10 years are as follows:—

1951	245	1956	142
1952	216	1957	23
1953	128	1958	16
1954	73	1959	22
1955	76	1960	30

An assessment of the value of immunisation shows that the attack rate in an immunised child is less than in a non-immunised child. Of the 30 cases notified in 1960, immunisation status was as follows:—

Not previously immunised	26
Previously immunised	3
Course commenced prior to attack but not completed	1

Immunisation against whooping cough by age during 1960:

<i>Age at Immunisation</i>	<i>Under 1</i>	<i>1-4</i>	<i>5-14</i>	<i>Total</i>
Primary Courses	449	161	34	644
Reinforcing Injections ..	—	85	216	301

Vaccination against Poliomyelitis

The number of persons vaccinated against Poliomyelitis during 1960 and the total number of persons who have received vaccination since the inception of the scheme is illustrated in the following table:—

	1960	1957-59	<i>Total</i>
Persons born prior to 1933 but under 40	758	—	758
Persons born in years 1933-42 ..	402	2532	2934
Persons born in years 1943-1960 ..	886	9590	10476
Other priority groups	—	284	284
	<hr/> 2046	<hr/> 12406	<hr/> 14452
Persons who had received a third injection by the 31st December, 1960	7278	5393	12671

Vaccination against Tuberculosis

The Chest Physicians employed by the Regional Hospital Board continue to vaccinate contacts of persons suffering from Tuberculosis.

The B.C.G. Vaccination Scheme involving school children continued, and is made available to all over the age of 12 years and to students attending further educational establishments.

The co-operation between the Director of Education and the Head Teachers of the Secondary Schools in the City is sought and it is largely due to their energy that the response to B.C.G. vaccination has been so good.

Skin tests, consisting of an injection under the skin of the forearm, were actually completed on 653 children. As will be seen from the table below, 10 per cent. of these children gave a positive reaction showing that they had at some time been exposed to tuberculosis infection. Negative readings were obtained from 579 children, of whom 541 were given B.C.G. Vaccination.

Arrangements have been made whereby children having positive reactions are referred to the Chest Physicians for a chest X-ray.

Tuberculin Testing and B.C.G. Vaccination of Wakefield Children

	<i>Contacts (By R.H.B. Medical Officers)</i>	<i>School Children (By L.A. Medical Officers)</i>	<i>Students</i>
No. given a Mantoux Test ..	47	653	8
No. found to have a positive reaction	3	66	1
No. found to have a negative reaction	44	579	7
No. Vaccinated	58	541	7

AMBULANCE SERVICE (Section 27)

No material administrative change has taken place in the Ambulance Service during the year.

Vehicles

At the end of the year the fleet of vehicles operated by the Service consisted of 5 ambulances, 3 diesel engined sitting case cars, 2 petrol engined cars and one Bedford 29 seater motor coach.

Staff

The staffing of the Ambulance Depot at the end of 1960 consisted of the Ambulance Officer, the Assistant Ambulance Officer, a Clerk, 18 Driver/Attendants and two Mechanics.

During the year 277 working days were lost by the drivers owing to sickness and annual leave accounted for 295 days. Emergency coverage was maintained only by a judicious use of the Radio Telephone equipment and by working a small amount of overtime.

Details of Patients Conveyed

The figures relating to the work of the Ambulance Service show once again a marked increase when compared with those of previous years. The number of patients carried on service vehicles was 40,399, as against 38,559 in 1959, an increase of 1,840. This is the highest number of patients carried in any one

year since the inception of the service in 1948. There was a slight falling off in the number of patients carried by ambulances, although this was more than offset by patients using sitting case cars, the increase of patients carried being manily those attending out patients clinics for treatment and handicapped persons. This has probably been brought about by the trend of early discharge from hospital, with the follow-up of treatment through the Out patient Clinics. Although an extra burden is put on the Ambulance Service, there is probably an overall saving to the country by people being cared for at home and receiving treatment as an out patient instead of occupying hospital beds.

The mileage covered by service vehicles also showed an increase in 1960 being 128,910 against 124,335 in 1959 — an increase of 4,575 miles. This, however, is below the peak figure of 132,026 miles in 1954.

The average miles per patient shows little change at 3.1 as against 3.08 last year.

Radio Telephone Control

During 1960 the installation of Radio-Telephone Control was completed and became fully operative, and there is no doubt that the efficiency of the service has been greatly improved. The number of journeys by vehicles has dropped because instructions and messages are now passed to the vehicles on the road which cuts out the need for the driver to return to the depot for instructions. Apart from the economics involved in the installation of radio-telephony its value should be assessed as a means in the saving of life. This is amply illustrated in three actual cases.

Case No. 1

A local doctor asked for an ambulance carrying oxygen and for the services of a midwife. We were able to quickly divert a vehicle. Result: a premature baby on the way to hospital with happy results.

Case No. 2

At a serious accident at Crofton, two ambulances were required. No vehicles were in the depot, so two vehicles were diverted to the scene by radio telephone. Further requests for a doctor's help, morphia and for the hospital to be informed were expeditiously dealt with by the Radio Telephone Controller.

Case No. 3

A surgeon requested help to get to another hospital with his

equipment to perform an emergency heart massage. By diverting a vehicle by radio telephone the doctor was on his way within minutes of asking for help.

Civil Defence — Ambulance Section

The Civil Defence Ambulance Section has been kept active during the year and good attendances have been maintained. Outdoor exercises took place at frequent intervals at the Windhill Training Ground with the Rescue Section.

Vehicle Maintenance Workshop

A new system of preventive maintenance was put into operation at the start of the year, and all vehicles from other Departments using the Workshop are called in for routine servicing. This has proved very satisfactory and no major breakdowns have been reported. The repair work has varied from cycle punctures, the repair of small stationary engines and plant to major overhauls.

A total of 662 work jobs were recorded as completed during the year.

The work carried out throughout the year is indicated in the following table:—

<i>Department</i>	<i>No. of Vehicles Serviced</i>	<i>Man hours spent on Vehicles</i>		
		<i>Mechanic</i>	<i>Assistant</i>	<i>Total</i>
Health (Ambulance)	11	957	1168	2125
Home Nursing (Cars, cycles, etc.)	15	86	219	305
Health Van	1	66	62	128
Sanitary Section	1	42	40	82
Education	2	80	85	165
Parks	12	235	229	464
W.V.S.	1	8	7	15
Cemetery	1	44	41	85
Waterworks	8	73	62	135
Welfare	1	69	66	135
Civil Defence	1	4	2	6
Totals—1960	54	1664	1981	3645
1959	37	2085	671	2816

A summary showing the number of patients conveyed and the mileage each month during 1960 is shown in the Table which follows:—

MONTH	Number of patients conveyed		Number of journeys		Mileage					Emergency Calls	
	By Ambulance Str.	By Cars	Amb.	Cars	Amb.	Cars	Wesley Hall	Stan-ley Royd			
January ..	334	248	2674	254	368	5302	1480	335	552	—	99
February ..	330	210	2745	247	3728	5111	1531	385	615	—	72
March.. ..	316	201	2937	239	3849	5411	910	416	839	—	104
April	331	295	2276	249	3728	5383	735	325	563	—	96
May	366	168	2684	382	3577	5295	1711	393	532	556	97
June	370	197	2779	240	3389	4980	811	270	668	80	124
July	342	188	2872	263	3973	4594	941	387	777	80	112
August	314	165	1607	218	3351	5017	89	314	690	—	109
September ..	307	208	3541	222	2856	5311	930	424	505	—	103
October	360	112	3047	235	3335	4817	709	419	677	—	112
November ..	392	144	3700	247	3855	4966	954	414	460	190	138
December ..	432	162	3045	259	4472	4717	637	313	572	36	138
Totals ..	4194	2298	33907	3055	4655	60904	11438	4395	7450	942	1304

Patients conveyed during 1960	..	40,399	Total mileage during 1960	..	128,910
Patients conveyed during 1959	..	38,559	Total mileage during 1959	..	124,335

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

(This section of the National Health Service Act overlaps the provisions of all the other sections previously mentioned, and also Section 51 — Mental Health Service.)

Prevention of Tuberculosis and the After-Care of Tuberculosis Patients

Matters affecting the care and after care of tuberculous patients is dealt with by a sub committee of the Health Committee which the Chest Physician attends when matters affecting patients are being discussed.

The Health Visitors are also visitors to tuberculous households and attend the Chest Physician's Clinic as social workers for the Chest Physician in matters of after-care.

Free milk is supplied to patients suffering from Tuberculosis on the recommendation of the Chest Physician.

The Corporation has a number of houses reserved for the re housing of patients suffering from Tuberculosis whose accommodation is unsatisfactory. During the year two patients and their families were re-housed.

The Health Visiting, Nursing and Home Help staff visit and give advice and nursing and domestic help for patients being treated in their own homes. Visits paid can be seen in the tables under Section 24, 25 and 29.

A report on the Tuberculosis (B.C.G.) Vaccination is included in Section 26.

Convalescent Home Treatment

The Corporation provides convalescent home treatment, usually for a period of two weeks, for those persons who are considered to be in need of a rest and are unable to meet the cost themselves. Convalescent Home Treatment is provided only on a doctor's recommendation and the family income is taken into consideration in arriving at the charge to be borne by the recipient. During 1960 six persons benefited from the scheme.

Visit of Mass Radiography Unit to Wakefield

The Mass Miniature Radiography Unit carried out a survey in November, 1960, and the Unit was stationed at The Cliffe, Margaret Street. The Medical Director of the Unit has very kindly supplied information concerning attendances and the results of the findings, and these are summarized on following page:—

	<i>Males</i>	<i>Females</i>	<i>Totals</i>
Number examined by 35 mm. Film ..	1472	1449	2921
Number previously examined ..	663	616	1279
Per cent. previously examined ..	45	45	45

Numbers Examined by Age Groups

14 and under	204	133	337
15 - 24	333	515	848
25 - 34	305	254	559
35 - 44	279	216	495
45 - 59	273	271	544
60 and over	78	60	138
Totals	1472	1449	2921

Numbers examined by Groups (as per Annual Return)

General Group	725	667	1392
Special Groups:—			
School Teachers	97	115	212
Mantoux Pos. (Children)	399	342	741
Local Government Officers	169	222	391
Hospital Management Employees	82	103	185
Totals	747	782	1529
Grand Totals	1472	1449	2921

Number of Large Film Recalls ..	19	15	34
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Cases of Tuberculosis

Referred to Chest Clinic, presumed active	3	2	5
Referred to Chest Clinic, presumed inactive	2	1	3
Referred to patient's own doctor ..	—	1	1
Inactive, no further action required ..	2	3	5

Other Abnormalities

Referred to Chest Clinic for further observation	3	—	3
Referred to patient's own doctor ..	1	1	2
Abnormal but no further action required	—	—	—

Details of other abnormalities

Pneumoconiosis	3
Destroyed Left Lung	2

Laundry Service

The laundry service for the elderly, bedridden patient, which commenced in August, 1959, has continued fairly satisfactorily during 1960.

Sheets, pyjamas, nightdresses and men's pyjamas have been purchased and are issued to patients for use. When soiled they are brought into the Health Department and exchanged for a clean set. The soiled articles are sluiced and rinsed and delivered to the Baths Department for laundering and ironing and then returned to the Health Department for re-issue. The average number of patients benefiting from this service at any one time is small, averaging between 6 and 8, but it is expected that with the anticipated expansion of the Home Nursing Service the number of patients will increase to the benefit of the bedridden patients and also their relatives who would otherwise experience great difficulty in supplying the needs of the patients.

Chiropody Service

Following the receipt of Ministry of Health Circular 11/59, proposals for the introduction of a Chiropody Service were prepared and in due course approved by the Minister. This new service came into operation on the 1st April, 1960, and treatment is provided for three classes of patients as follows:—

- (i) Men over the age of 65 years and women over the age of 60 years.
- (ii) The physically handicapped.
- (iii) Expectant mothers.

Only one Chiropodist in the City has the requisite qualifications approved by the Ministry to be employed directly by the Local Authority, and this Chiropodist attends to all domiciliary cases and attends to the needs of those patients approved for treatment who previously attended him privately. The remainder of the patients are channelled through the Wakefield Council of Social Service who acts as an agency for the Authority, and they attempt, wherever possible, to see that the new patient is directed to those Chiropodists who may have provided treatment previously by private arrangement. The City Council decided that no charge should fall on the patient, and has agreed to pay Chiropodists a fee of 7s. 0d. for each treatment where the patient attends the surgery for treatment and 12s. 6d. per treatment in respect of each domiciliary visit. The number of patients receiving

domiciliary treatment is kept as low as possible, and arrangements are provided for ambulance transport to be laid on where the patient has difficulty in using public transport.

Patients wishing to enter the scheme must first obtain a written certificate from the General Practitioner, Health Visitor, Home Nurse or Midwife. The certificate has to be forwarded to the Health Department for countersigning and a book of treatment forms is then issued either to the Wakefield Council of Social Service or to the one Chiropodist employed direct, authorising one treatment to be carried out. The Chiropodist is asked to certify whether further treatment is necessary, and the book is returned to the Health Department so that further treatments can be authorised to a maximum of six treatments per twelve months. The scheme is much appreciated and is working extremely well, and much credit is due to the Wakefield Council of Social Service for the very considerable assistance which they have given.

The number of persons approved for treatment between the 1st April and the 31st December, 1960, were as follows:—

	<i>Domiciliary Cases</i>	<i>Other Cases</i>
Number of Patients authorised to receive treatment:—		
(a) Aged Persons	26	315
(b) The Physically Handicapped..	7	5
(c) Expectant Mothers	—	—

Domiciliary Service for Diabetics

Since January, 1958, a Health Visitor/Social Worker (Miss H. Walker) has attended the Diabetic Clinic directed by Dr. R. Fletcher, Consultant Physician at Clayton Hospital, Wakefield, for part of the Monday morning session, to see new patients and to give care and help in their own homes.

After clinical examination, notes on the required diet are given to the Health Visitor by Dr. Fletcher, and after discussion with the patient an appointment is made for a home visit. At home, help is given in the planning of meals and these can be interesting and varied. The patients appreciate these home visits and usually ask many questions.

The patient is taught at the Hospital how to test urine and this can now be checked on; and advice is given on recording results, which must be strictly kept for inspection by Doctor at the next visit to Hospital.

As many diabetics are elderly and find the adjustment to a special diet rather difficult at first, it may be necessary to visit two or three times during the first weeks after diagnosis is made.

Longstanding cases of Diabetes who have not strictly adhered to the prescribed diet are visited at the request of the Registrar.

Patients attending Wakefield General Hospital and Pinderfields Hospital are also visited for Dr. Fletcher. Information is sent in these cases through the Clinical Secretary.

In-patients discharged home are seen as soon as possible after arriving home, unless they are in need of nursing care, in which case a District Nurse will visit.

In certain needy cases financial help can be given by the National Assistance Board towards the cost of special diet.

Dr. Fletcher freely gives his advice and guidance in dealing with the Diabetic patient, and I would like to thank Sister Roggell for her constant help throughout the year.

Number of Diabetic Sessions attended by Health									
Visitor	..	..	..	..	..	..	..	..	43
Number of new patients visited..	..	..	..	..	..	..	..	..	38
Number of visits and re-visits to old and new patients									96

Loan Equipment

A number of articles of nursing equipment which consists of such things as wheel-chairs, bed-pans, urinals, air rings, Dunlopillo mattresses, rubber sheeting, etc., are available for issue from the Public Health Department to persons being nursed in their own homes. These items are lent free of charge to necessitous cases.

As mentioned under the respective sections care and after-care of the sick is a duty performed by the Home Nursing and Domestic Help Services. The calls made by general practitioners for the services of a home nurse remains constantly high.

The prevention of illness, care and after care extends to the sick in mind as well as the bodily sick, and I feel sure that the nursing and health visiting staff are doing much by example, advice and care in alleviating the suffering of the aged and sick in their homes.

Health Education

While much remains uncertain about the causation of disease, and different medical authorities may give different advice, for example on the question of how to avoid coronary thrombosis, there is a great deal of firmly established knowledge about how best to maintain health. The work of health education is to put that information over to the public in a form that is easy to understand and apply.

The officers of the Department whose duties cause them to visit people's homes have always been actively concerned in giving health advice and teaching, and this has always been regarded as a most important aspect of their work. The Health Visitors, Home Nurses and Midwives are known and trusted in their districts, and the person to person advice they give carries a great deal of weight because of this fact.

This health teaching in the home continues to be very important, but other aspects of health education have undergone expansion in the course of the year.

In December, 1960, a course on the "Audio-Visual Presentation of a Theme" was run in conjunction with the Central Council for Health Education, and the Medical Officers, Health Visitors and Public Health Inspectors who attended gained a new insight into modern health teaching methods.

Distribution of Literature, etc.

At the Child Welfare Clinics *Better Health* magazine is distributed free each month.

Poster and leaflet displays on such matters as Dental Hygiene, Suitable Shoes for Children, Prevention of Food Poisoning, Suitable Toys, Clothing for Babies, and various Home Safety topics have been exhibited at the Clinics.

Each Clinic now has a brightly-coloured peg-board, with a frequently changed poster display on it.

Talks given

A number of talks have been given at the Clinics, accompanied by projection of film strips.

Opportunities to talk to various organisations, such as Women's Institutes, Mothers' Unions, etc., are eagerly seized, and the Department has available a sizeable panel of speakers, able to talk on a variety of health subjects.

The Public Health Inspectors lose no opportunity of talking to employees of firms, and trade organisations on the important topics of food hygiene, and prevention of atmospheric pollution.

Cancer Education

No action was initiated during 1960 to bring to public notice the connection between tobacco smoking and lung cancer.

ACCIDENTS

1. Fatalities

Home Accidents — 8 deaths. 6 elderly persons who sustained falls. 1 burning accident. 1 coal gas poisoning.

Road Accidents — 15 deaths, including 2 children, aged 2 years and 8 years respectively, and 6 persons aged over 65 years.

Other accidents — 3 deaths.

Total: 26 deaths.

2. Non-Fatal Home Accidents

Since 1957, monthly lists of home accident cases treated at Clayton Hospital have been sent to the Health Department by courtesy of Wakefield 'A' Group Hospital Management Committee.

Unfortunately, the number of these accidents has shown a sharp increase this year, as shown by the table below, indicating that there still remains a great need for home safety teaching in the city.

<i>Year</i>	<i>Number of home accident cases</i>
1957	220
1958	179
1959	145
1960	271

Over a quarter of the patients who incurred a home accident injury were children under the age of 6 years, as shown in the analysis given below:—

<i>Type of Accident</i>	<i>Children under 6 years of age</i>	<i>Others</i>	<i>Totals</i>
Burns	7	13	20
Scalds	14	19	33
Falls	33	75	108
Cuts	5	42	47
Trapped fingers	7	11	18
Other Accidents	4	34	38
Totals	77	194	271

3. Home Safety Campaigns

Wakefield Home Safety Advisory Council has during the year given considerable support to the campaigns organised on a national basis by the Royal Society for the Prevention of Accidents (Ro.S.P.A.). In addition to publicity campaigns, the health visitors, home nurses, midwives and home helps have continued their highly important personal work of bringing safety teaching to the home.

(a) "CHECK THAT FALL" CAMPAIGN

This campaign, mentioned in my annual report last year, lasted from October, 1959, to March, 1960. Public attention was drawn to the need to light dark stairs, and fix trailing electrical flexes to avoid falls.

(b) "TIDY UP TO PREVENT ACCIDENTS" CAMPAIGN

In April, May and June this national campaign stressed the need for making spring cleaning an annual safety check of the home. The theme was that dangerous articles should either be thrown out, repaired, or (in the case of poisons and inflammables), stored safely. A number of leaflets were distributed to the "Do it yourself" shops in the City, outlining the need for home safety repair jobs, etc. A show case exhibition was arranged at Margaret Street Clinic.

(c) "WATER SAFETY" CAMPAIGN

In the summer, posters and leaflets in support of this campaign were distributed to schools and to swimming baths in the City. This literature explained the rules that should be observed when swimming or boating, to minimise any risk of drowning, as laid down in the Water Safety Code.

(d) "LOCK UP DANGERS IN THE HOME" CAMPAIGN

Considerable effort was put into local support for the Ro.S.P.A. Winter Campaign directed to the prevention of accidental poisoning from medicines and household cleansers. Posters and leaflets bearing the request "Mind that Medicine" were distributed to all chemists and doctors' surgeries in the City, so that patients receiving prescribed medicine would be reminded at the time to keep it locked away out of the reach of young children. Grocers were supplied with similar literature, drawing attention to the often unsuspected dangers of young children being poisoned by bleach, furniture polish, etc.

Numerous organisations, including all the churches and chapels in the City, were circularised and asked to give publicity to the campaign. An encouraging response was obtained.

A display was shown at all the Clinics, showing the similarity between many drug tablets and children's sweets.

4. Fire Guards

CHILD WELFARE CLINIC ARRANGEMENTS

There is still a need for education of the public as to what type of guard is suitable. Unfortunately, many unsatisfactory guards are on sale in the city, with no means of fixing to the fire surround. Such a guard does not protect a toddler from the fire, and merely gives a false sense of security.

Each Welfare Clinic is supplied with demonstration fire-guards of suitable design, and parents are given the names of ironmongers who can supply them. In the rare cases where parents cannot afford to lay out the money for such a purchase, arrangements can be made for a guard to be supplied from the Clinic on instalments, the payments being collected by the Health Visitor.

Loan Scheme for Elderly Persons

In September, 1960, authority was given for the purchase of fireguards for issue on free loan to aged necessitous persons, unable to meet the cost out of their own resources. Until the need has been gauged, the scheme will be operated in a small way. It is intended that when an application is made for a fireguard, a health visitor will see the home to find out what sort and size of guard is needed.

DOMESTIC HELP SERVICE (Section 29)

This service continued to work smoothly and efficiently, and the demand for the service was roughly the same as for the previous year.

Analysis of Cases Helped				1960	1959
Confinement cases	..	..	..	33	34
Sickness in the home	..	..	..	64	118
Cases discharged from hospital	..	..	..	65	75
Aged and chronic sick	..	..	..	401	338
Blind persons	..	..	..	12	13
Tuberculosis cases	..	..	..	3	6
Problem families	..	..	..	4	5
Sitter Up cases	..	..	..	5	4
				<hr/> 587	<hr/> 593

The Home Help Organiser and her assistant paid 750 visits to householders.

The number of Home Helps employed during the year was 75, of whom 8 were full time and 67 part time. They worked an aggregate of 97,420 $\frac{3}{8}$ hours, equivalent to a 6 per cent. increase over the figure for 1959, and a 16 per cent. increase over that for 1958.

Charges for the service to the user are levied on an income basis, and of the 587 households which benefited from the services of a home help:

- 105 paid at the full rate
- 72 paid an assessed charge
- 407 paid a minimum charge of 6s. 6d. per week
- 3 received help free of charge.

The number of aged and chronic sick participating in the scheme rose considerably in 1960. This is to be expected, as the proportion of aged persons within the community is gradually increasing. Many of these people require the service daily, and indeed in some cases twice daily and also at weekends. Fortunately we have a very good staff of Home Helps, many of whom over a period of time become very attached to the people they help, and it is not unknown for the Home Help to voluntarily attend to the needs of their charge outside normal working hours and at weekends without receiving or wanting any financial rewards.

The majority of Home Helps are housewives employed on a part time basis who are able to fit in their home help duties without disrupting their own households.

The training courses for Home Helps, commenced in 1959, continued during 1960 through the kind co-operation of the Director of Education and the Principal and Domestic Science Teacher at the Technical College, and two courses, each of ten weeks' duration, were held during the year at which 24 Home Helps attended. Results were very satisfactory. The instruction received enables the Home Help to improve the service they give in the household as they are taught all forms of domestic duties, including the use of many of the different types of domestic equipment in common use, such as electrical washing machines, cookers, vacuum cleaners; the preparation of invalid dishes and special diets for the sick and infants; budgeting and catering for families of different sizes and some simple first aid lessons.

PART III

THE MENTAL HEALTH SERVICES

The Mental Health Act, 1959

The National Health Service Act, 1946 — Section 51

On 1st November, 1960, most of the provisions of the Mental Health Act, 1959, came into force for the first time. 1960 has, therefore, been a landmark in the development of the mental health services, and considerable public interest has been fostered by publicity during Mental Health Week, 11th to 16th July.

It is highly appropriate that my report on the work of the Mental Health Section during this propitious year should be fuller than has previously been the case, as it is necessary to explain the steps that are being taken to meet the challenge of the “new look” mental health.

The Act introduces the term “mental disorder”, which includes all types of mental abnormality, including mental illness, arrested or incomplete development of mind, and psychopathic disorder.

Patients suffering from mental disorder fall into three broad categories:—

(1) *The Mentally Sub-normal*

In the old terminology they were called mental defectives. They have been different from childhood, owing to their poor endowment of intelligence. No form of treatment can make them become fully normal people, but they can benefit enormously from the right sort of training.

(2) *The Severely Mentally Ill*

It is now realized that mental illness is not radically different from physical illness. Of recent years, tremendous strides have been made in the treatment of mental illness, with the result that most patients who now enter a mental hospital have a good chance of being helped by treatment sufficiently to return to their home and eventually their work.

(3) *The Neurotic or Emotionally Unstable.*

In the case of neurosis, serious emotional instability produces all kinds of physical symptoms, and can cause severe anxiety, perhaps combined with depression. It is believed that about a third of patients who attend their family doctor's surgeries are suffering from neurosis.

The work being done for the various types of patients is explained under the headings below.

Mentally Sub-Normal Patients

There are now two categories: *Sub-normal patients*, who suffer from arrested or incomplete development of mind, which includes sub normality of intelligence, of a nature or degree which requires or is susceptible to medical treatment or special care or training.

In the case of *severe sub-normality*, the arrested or incomplete development of mind is such that the patient is incapable of living an independent life, or of guarding himself against serious exploitation, or he will be so incapable when he is of age to do so.

Patients that fall into this latter group must be completely protected during the whole of their lives, either by their families or in some kind of institution, because they can neither manage their own affairs nor guard themselves against common physical dangers.

The sub-normal, however, and the less seriously affected of the severely sub normal group, can benefit from training, and by being encouraged to use such mental capacities as they possess.

Training at Home

A common fear on the part of parents whose child was diagnosed as mentally sub normal used to be that "he would be sent away to an institution". Nowadays it is recognized that the best people to care for and train mentally sub normal children under 3 years of age are their own parents. Such children respond well to an atmosphere of kindly loving care in their own homes, with the rest of the family, and are often very affectionate. To do an effective job of bringing up a young mentally sub normal child, the parents need a considerable amount of guidance and "moral support", and Health Visitors and Mental Welfare Officers are always ready to give skilled advice. The task confronting such parents is never easy, and demands a great deal of patience.

Training Centre.

Under the Mental Health Act, 1959, Local Health Authorities may be required to provide centres for the training of mentally sub normal patients. Wakefield has, however, provided such a Training Centre (previously known as the Occupation Centre) since April, 1953.

The staff of the Training Centre consists of Mrs. P. M. Vogeler, the Centre Supervisor, four Assistant Supervisors, and a Centre Orderly.

The staff remained unchanged and they all worked well together with the interests of the children at heart. During the year two courses in handicrafts and art were attended by all except one member of the staff.

At the end of 1960 there were 63 children on the register, consisting of 53 City children and 10 from the West Riding area, and the average daily attendance throughout the year was 56. Of the total number on the register, 22 are mongols and the remainder are severely sub-normal and sub-normal, some of them being physically handicapped whilst others have epilepsy in various degrees of severity. A total of 11 over the age of 16 years also attend the Centre.

Work continued to advance during 1960 and progress was made in most cases. Prognosis is poor in a few, but most of these have been 'toilet trained', and therefore will now fit into their home surroundings a little better.

Social progress in all the remaining cases was satisfactory. Self assurance, common sense, general well-being, consideration

of others is aimed at, and a certain amount of success has been achieved in this direction. Safety first (road drill) lessons are now included in the Centre curriculum. The various lesson periods are made as interesting as possible and new ideas are continually being tried.

The children are divided into four groups as follows:—

- (1) Tinies Children between the ages of 3 - 6 years approx.
- (2) Class I Children between 6 - 9 years.
- (3) Class II Children between 9 - 13 years.
- (4) Class III Children 13 years upwards.

Although the age span in each group is somewhat large, this arrangement cannot be avoided and has worked well. From experience, I have found that chronological instead of mental age grouping, is by far the best method, taking into consideration the number of teachers at the Centre. If the children were separated according to mental age there would be one *low grade* group consisting of children aged 3 years to possibly 16 years. One can imagine the havoc this could cause, big and little ones together and little, if any, progress would be recorded. The teacher has also to be considered. To be responsible for an entirely low grade group would be frustrating. Therefore, the best plan is to disperse the low grades amongst the four classes and so alleviate difficulties.

At the moment there are 17 difficult children who require extra supervision and care.

A few examples of the kind of children with which the staff have to deal will be of general interest, and I have included them as an appendix to my report (see p. 111).

A Medical Officer visits the Centre each Friday afternoon to keep an eye on the children, and the Educational Psychologist visits periodically.

Cleanliness inspections were carried out on two occasions during the year, and all but two children were found to be clean.

The Parents' Association is very active and continues to flourish and they have held various meetings, social and other wise. The annual Garden Party in June was again a success and the children gave a display of Country Dancing which included the Maypole dancing. Mr. Frank West officiated at the opening and we were honoured by the presence of the Right Worshipful the Mayor and Mayoress, Alderman and Mrs. L. Boston.

On Tuesday, the 13th of December, the finished handwork was on sale to the parents and friends and £33 was realized.

Open Day was on Tuesday, the 20th December. Members of the Council, together with many parents and friends, enjoyed a pantomime — “The Snow Queen” — in which 60 children took part.

The following day the Christmas Party was enjoyed by the children and staff.

The annual day's outing to Filey was on the 15th June and 48 children took advantage to enjoy themselves without a single mishap. The weather was considerate and the Wakefield Rotary Club again kindly provided an excellent tea at the Corner Cafe where, incidentally, we were complimented on the children's behaviour.

The present rented rooms at Wesley Hall are excellent as far as size and window space is concerned, but storage is difficult.

Loan sanction has now been approved for the erection of a new Junior and Adult Training Centre where the scope of work will be considerably enlarged.

There are to be four junior classrooms with large windows facing south and a large Assembly Hall, which can also be used as a dining hall for the juniors. Beyond this will be the main kitchen where all the meals will be prepared and served. Beyond the kitchen will be the adult dining hall which will be also used as a sewing room. The workrooms will be situated at the rear of the building. The usual offices will be well appointed. There will be two staff rooms and a supervisor's office which is separate and situated at the front of the building.

Ample store cupboards are to be provided in each classroom and storage space will be provided in the Assembly Hall for physical education equipment and stacking chairs, etc.

The playground, I feel, will be adequate, and a sand pit is to be provided for the juniors.

Mentally Ill Patients

Since the early nineteen thirties, there has been a revolution in the treatment of mental illness. Electrical convulsive and insulin coma treatments, and the new drugs, have completely changed the picture. This change is reflected in the length of stay in hospital — while previously two years in hospital was nothing exceptional, now most newly admitted patients can expect to be out in about six months. Patients are now being made fit for discharge by the new treatments, but their troubles are by no means over when they have left hospital.

Just as many patients who have been in hospital for physical illnesses may still have symptoms or disability even after their

discharge, it frequently happens that patients are sent out from mental hospitals, vastly improved, but still suffering from some degree of psychiatric disability. Thus such patients may be eccentric, unduly anxious, or they may find it very hard to get on with people. Obviously, they present no easy problem in rehabilitation: the task which the new Act has placed on the shoulders of local health authorities. The magnitude of this side of mental health work can be best illustrated by quoting some figures obtained by a study of the experiences after discharge of about 500 former patients of a group of Scottish mental hospitals, carried out by Dr. F. M. Martin of Edinburgh University. The patients were aged between 16 and 64 years, and represented a fair cross section of all types of mental illness. They were visited 16 months after their discharge to see how they had fared.

Two-thirds of the patients were successful in the sense that they were able to remain outside hospital — one third had had to return at least once in the sixteen months. This is a relatively high relapse rate, and indicates that the amount of help these patients need is very great if they are to succeed in re adapting themselves to life outside.,

Of the patients who were in work before their admission to hospital only half succeeded in staying in work for more than 12 of the 16 months of the survey. A quarter of the patients, however, had not worked at all since leaving hospital or had only held a job for 4 months or less out of the 16 months since their discharge. This substantial evidence of poor work adjustment indicates a major need for guidance.

The Prevention of Neurosis

While nobody would expect to go through life without an occasional cough or cold, in the same way it must be recognized that occasional emotional upsets are absolutely normal. More serious emotional instability can, however, produce all kinds of physical symptoms, or can make life miserable through excessive anxiety.

This type of illness is not by any means imaginary, and a headache caused by emotional tension is just as real a pain as a headache caused by physical disease. People who suffer from neurosis are not malingerers, and it is no use their being urged to "snap out of it".

Neurosis is a very considerable problem, for as already mentioned it accounts for a very large amount of every family doctor's time. It takes a tremendous toll of human happiness, and prevents human personalities developing to their full stature.

Psychiatrists agree that the roots of neurosis are in faulty human relationships in childhood. The Public Health Department officers deal with children and their parents right through these vital formative years of childhood and have an unrivalled opportunity of counselling parents on how to handle many of the problems that arise. Work in this field of public health starts even before the new individual has been born, for the mothercraft teaching given by midwives and health visitors aims at correcting faulty attitudes of mind on the part of the mother to be.

In the early days of childhood, Health Visitors are frequently able to forestall trouble by sensible advice. For example, many parents need advice on how to deal with the situation if an older child is jealous of a new arrival or relapses into bedwetting.

As the child grows older, emotional troubles may show themselves in numerous "behaviour" problems. These problems, such as refusal to eat, or sleep, and difficulty with toilet training, need skilful handling. Here again, the infant welfare clinic doctor and health visitor are available to give advice.

Problems often crop up when the time comes for the child to go to school. Most of these can be dealt with by ordinary common sense, but some school problems call for the more specialized help of the school doctor and child psychiatrist. Behaviour difficulties like truancy, fear of school, anxiety, aggressiveness to other children, inability to learn, and even pilfering can all be caused by emotional upsets — although of course there are other causes. When these school problems crop up, they need diagnosis, so that if the trouble is emotionally caused, proper psychiatric treatment can be obtained.

Thus it may be seen that all through the years of childhood, a continuous service exists, striving to pick up early psychological trouble, and prevent neurosis becoming firmly established.

Liaison with the Psychiatric Hospitals and Psychiatric Clinics

A close working liaison and understanding has been established with the Psychiatrists and staff of the local Psychiatric Hospital, our Mental Welfare Officers, and also the local General Practitioners. Each case is fully investigated and every effort made, if possible, to avoid admission to hospital, either by treatment at home or, if suitable by Out-Patient or Day Hospital treatment.

Where it is absolutely necessary for the patient to be admitted, either for his or her own protection, or the protection of others, the patient is visited periodically whilst in hospital by the Mental

Health staff and their progress, after consultation with the Psychiatrist, is reported to their relatives. By this means, preparation for the patient's return to the community can be made and any adjustments that may have had a bearing on the patient's illness can be attempted to be rectified.

Psychiatric Out-Patients Clinic

The Senior Mental Welfare Officer attends this clinic each Wednesday afternoon and works in close conjunction with the four Consultant Psychiatrists present. Every new patient present at the clinic is interviewed by the Mental Welfare Officer, prior to seeing the Psychiatrist, and a full social history is obtained. Further visits to the homes of these patients is often found to be necessary where more detailed information is required, and from Out-Patient Clinics treatment is often readily arranged. Reports on progress are made to the Psychiatrists and General Practitioners of these clinical patients in addition to those who have received hospital treatment.

Psychiatric Social Club

Arrangements to form a Psychiatric Social Club commenced at the end of 1960 for suitable cases where adjustment to civil community was experienced. However, the Club was not opened until the 12th January, 1961, and the Council of Social Service very kindly rented the Hawbrook Hall, Providence Street, to this authority for the purposes of the Club.

There is an average attendance of between 15 and 20 members and the meetings take place every Thursday evening from 7.15 p.m. to 9.30 p.m., Although the Club is in its early stages, the future prospects of the Club appear to be satisfactory. It is hoped to organise "outings" in the summer by bus, and visits to pantomimes in the winter, etc. Members of the Club express their satisfaction and it is hoped that membership will increase once the club and its activities are made known.

Community and After-Care

Home visits are made to those people who have had treatments for psychiatric illness, either in hospitals or at Out-Patients' Clinics. Most of these people welcome the friendly visits and considerable confidence and advice can be achieved. Every effort is made to help these people to overcome any burdens or obstacles they may encounter. In addition progress reports are made available to the Psychiatrists who have treated them, and, more often than not, re-admission can be avoided by the timely intervention of the Psychiatrists and General Practitioners concerned.

Mentally sub-normals (male and female) are also visited and every effort is made to help them as in the case of the mentally ill.

Proposed Hostels

It is hoped, in the near future, that the Authority will be able to set up Hostel Accommodation for the mentally ill and mentally sub-normals. Once this is achieved a great burden will be taken from the local Psychiatric Hospitals, as the demand for Hostel accommodation and supervision would appear considerable.

Admissions to Hospital

During the year ending 31st December, 1960, the Mental Welfare Officers and Duly Authorised Officers dealt with the following admissions:—

Under the old Lunacy and Mental Treatments Act of 1890

				Males	Females	Totals
Voluntary and Informal	..	..		21	19	40
Section 20 and 21	..	..	..	18	20	38
Certified	..	..	..	3	31	34
					9 City	
Clinic Admissions	..	..	..	4	4	8
Reported and Investigated	..	..		17	16	33

Mental Health Act, 1959

	<i>Informal</i>		<i>Sec. 29</i>		<i>Sec. 25</i>		<i>Sec. 26</i>		<i>Reported and investigated</i>	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
November		1	1	—	1	1	—	1	1	4
December	1	1	—	—	1	1	—	1	2	3
Total ..	1	2	1	—	2	2	—	2	3	7

NOTE.—Section 25 is concerned with a patient's compulsory admission and detention in hospital for observation. The maximum period being limited to 28 days.

Section 26 is concerned with a patient's compulsory admission and detention in hospital for treatment.

Section 29 relates to patients being admitted to hospital and detained by reason of an emergency and, to comply with the requirements of Section 25, would involve undesirable delay.

The tables below are taken from the returns submitted to the Ministry of Health for the year 1960.

Mental Deficiency Acts, 1913-1938

Numbers of persons reported during the period 1.1.60 to 31.10.60

				<i>Under age 16</i>		<i>16 and Over</i>	
Reported by:				M.	F.	M.	F.
(a) Local Education Authority on children:							
(i) While at school or liable to attend school				3	—	—	—
(ii) On leaving special school ..				—	—	—	—
(iii) On leaving ordinary school ..				—	—	—	—
(b) Police or by Courts				—	—	—	—
(c) Other sources				—	—	—	—
Total				3	—	—	—
Action taken:							
Placed under Statutory Supervision				3	—	—	—
Total				3	—	—	—
Cases placed under Guardianship Orders				—	—	—	—

Number of patients under care of the Authority at the 31.12.60

	Mentally Ill				Psychopath				Sub-normal				Severely sub-normal				Totals			
	Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over		Under age 16		16 and over	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
(a) Receiving training or occupation in day centre ..	-	-	-	-	-	-	-	-	9	14	1	4	7	11	3	3	16	25	4	7
Awaiting training or occupation in day centre ..	-	-	-	-	-	-	-	-	-	-	6	3	-	-	14	3	-	-	20	6
(b) Receiving training or occupation in residential centre	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Awaiting training or occupation in residential centre	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(c) Receiving home training ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Awaiting home training ..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(d) Resident in L.A. home/hostel..	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Awaiting residence in L.A. home/hostel ..	-	-	6	3	-	-	-	-	-	-	2	2	-	-	2	2	-	-	10	7
(e) Resident at L.A. expense in private residential home	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(f) Resident at L.A. expense by boarding out in private home	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(g) Receiving home visits and not included under (a) to (f)	-	-	23	61	-	-	-	-	-	-	25	36	1	1	7	6	1	1	55	103

PART IV

EPIDEMIOLOGY

The total number of cases of infectious and other notifiable diseases statutorily notified during the year amounted to 303. Details of these cases analysed according to age and ward distribution are shown in Table II.

For the purpose of statistical returns to the Ministry of Health no regard is paid of cases coming to notice and the Ministry is only interested in written notifications received from Medical Practitioners in accordance with the requirements of Section 144 of the Public Health Act, 1936, and subsequent regulations. This state of affairs is I feel unfortunate as a true picture of the incidence of infectious disease is not available and whilst recourse could be made to enforcing Medical Practitioners to notify cases coming to their notice, I do not think this would be a satisfactory solution. A further 29 cases came to my notice as a result of home visits, reports received from the Public Health Laboratory, and from reports submitted by head teachers, etc. Details relating to the various infectious diseases are as follows:—

Poliomyelitis

It is pleasing to record that there were no cases of Poliomyelitis notified during the year.

Diphtheria

There have now been no cases of Diphtheria in the City since 1956.

Dysentery

A total of 6 cases were notified during the year, whilst a further 9 came to notice as a result of reports received from the Public Health Laboratory. Two of the 6 cases notified were in respect of persons normally resident outside the City. Specimens for laboratory investigation were also obtained from 23 contacts of patients and the results indicated that 6 of these contacts were positive carriers.

Erysipelas

Only 2 cases were notified during the year.

Food Poisoning

One case only of food poisoning was notified during the year, whilst a further 15 cases came to notice as a result of reports from the Public Health Laboratory Service. The single case was identified as being salmonella typhimurium whilst the other 15 cases were also salmonella infections, although not food-borne. Specimens for laboratory investigation were also taken from 38 "family contacts" and the results indicated that 14 were positive to Salmonella Typhimurium.

An outbreak of food poisoning occurred in July at the Eastmoor Residential Home, and a copy of the report on this outbreak which was sent to the Ministry of Health is as follows:—

Eastmoor Old Persons' Home, Wakefield

(1) *Food causing outbreak.*

Cold roast meat and warmed-up gravy.

Agent causing outbreak.

Clostridium Welchi.

(2) *Cases forming outbreak which occurred from the 25th to 26th July, 1960.*

Notified — Nil.

Otherwise ascertained — 10.

Total — 10.

Fatal — 0.

(3) *Clinical features, and average interval ingestion to onset.*

Average interval ingestion to onset — 18 hours.

Main symptoms — diarrhoea and abdominal pains.

Severity of illness — fairly mild.

Duration of illness — under one day.

(4) *Results of Laboratory Investigations.*

Of the 10 cases, clostridium welchi was isolated from 7. One food handler who was also affected proved to be excreting clostridium welchi. No food remnants were available for sampling.

(5) *Origin and Preparation of Food Causing Illness.*

Rolled boned shoulder of mutton was purchased and cooked on Saturday, 23rd July. The joint, weighing approximately 12 lbs., was transferred from the cooking tin into a porcelain container and the meat while standing in the juice was allowed to cool down in atmospheric conditions, and once atmospheric temperature had been reached, the meat was refrigerated until required on Monday the 25th July, 1960, when it was served cold with gravy which had been warmed up and treated by rapid boiling.

(6) *Place at which Food Causing Illness was Consumed.*

Dining Room, Eastmoor Old Persons' Home, Wakefield.
Estimated number of consumers at risk — 42.

(7) *Probable origin of infection or contamination of food.*

One of the residents of the Aged Persons' Home had been recently admitted from hospital where she had been suffering from diarrhoea. She came to the home on the 29th June, 1960, and a minor outbreak occurred amongst the residents and staff of the home on the 18th July when this patient had further diarrhoea and certain members of the staff, including the Cook, also suffered.

It would appear likely that this patient brought in the infection and that the Cook was infected in the first outbreak which was not notified to the Medical Officer of Health. In the present instance it is likely that the meat was contaminated by the Cook prior to cooking.

A factor contributory to the occurrence of the outbreak was the custom of cooking meat and cooling it for use on a subsequent day.

Measles

A total of 234 cases of measles were notified during the year. All the patients, with the exception of one, being under the age of 10 years. A further four cases came to notice as a result of admissions to the Infectious Diseases Hospital.

Meningococcal Infections

One case only was notified and involved a child aged one year.

Pemphigus Neonatorum

Two cases of Pemphigus Neonatorum, an illness affecting babies, were notified during the year.

Pneumonia

Three cases of pneumonia were notified during the year, one involving a baby whilst the other two patients were above the age of 65 years.

Puerperal Pyrexia

Six cases of Puerperal Pyrexia were notified during the year.

Scarlet Fever

A total of 18 cases were notified during the year, and a further 6 cases came to my notice as a result of admissions to the Infec-

tious Diseases Hospital, and returns submitted by the Head Teachers. None of the cases was fatal and all were mild in character.

Whooping Cough

A total of 30 cases of Whooping Cough were notified during the year, 5 of whom were admitted to hospital.

VENEREAL DISEASES

The following report has been prepared by Miss H. Walker, S.R.N., S.C.M., H.V. Cert., Venereal Diseases Social Worker to the West Riding County Council and the City of Wakefield until her retirement on the 31st December, 1960.

Eight sessions weekly are held at Clayton Hospital, Department 15, under the direction of Dr. John Burgess, Consultant Consultant Venereologist, for the diagnosis and treatment of venereal diseases. The Social Worker is present at four of the female sessions to give help and advice where needed to new and old patients.

Contacts

Most patients will, if asked, arrange for their own contacts to attend for investigation, but if for any reason, such as doubtful address or identity, they are unable to do this, the Social Worker must search for and visit the contact and make an early appointment at the hospital. The Social Worker was able to arrange for 12 contacts to attend during the year.

Defaulters

Patients who have not completed treatment or observation are requested by letter to return to the clinic, but if there is no response, they are visited at home.

Practical help can be given in most cases, and no effort is spared to encourage patients to continue their treatment until cured.

Routine Blood Tests in Pregnancy

Routine blood tests continue to be taken by Medical Officers at Ante-Natal Clinics and by General Practitioners.

Expectant mothers with positive blood Wasserman reaction are referred to Dr. Burgess for further investigation and treatment if necessary.

Promiscuity

Authority speaks from all walks of life concerning the problems of young people, and it would be difficult to add to what has already been said.

Teenagers are the target of a large commercial market and they are besieged on all sides with provocative advertisements, films, television and press, and there is a rising feeling of contempt for those whose sole object is profit making.

Prevention

Public warning is given by the Minister of Health of the danger of contracting Venereal Diseases as a result of promiscuity.

In Clinics, guidance is given to young people who have taken risk. Literature is available, and the subject discussed fully with the patient as all interviews are private.

The following table refers to Home Visiting:—

Number of Visits and Revisits to Contacts	..	..	42
Number of Visits and Revisits to Defaulters	..	..	131
Number of miscellaneous visits, Doctors, Hospitals, etc.			26
<hr/>			
Total Visits	..	..	199
<hr/>			

I would like to thank Dr. Burgess for his help in the past year, and for his always tactful advice, and Sister Nicholson for her many kindnesses and co-operation.

As this is my final report I would say thank you to so many others at Clayton Hospital with whom I have had happy associations, and to Mr. Taylor for his valuable help with male patients.

To Dr. Thompson for his interest and concern I am most grateful, and to the staff of the City Health Department for their unfailing courtesy at all times.

TABLE II.
INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1960.
 (Corresponding figures for previous 2 years appear in columns 1 & 2)

DISEASE.	Total all ages 1958	Total all ages 1959	Total all ages 1960	AGE DISTRIBUTION 1960										Cases sent to Hospital	Deaths	WARDS 1960										Non-Resident																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
				0-1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-10 years	10-15 years	15-20 years	20-35 years	35-45 years			45-65 years	65 years and up	W. Alverthorpe	E. Alverthorpe	St. John's	Northgate	Eastmoor	Lupset	Westgate	Belle Vue		Calder	Sandal	Kirkgate																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
Acute Poliomyelitis	13	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

PART V

REPORTS ON PUBLIC HEALTH MISCELLANEOUS
SERVICES

1. National Assistance Act, 1948 — Section 47 —
Removal to Suitable Premises of Persons in need of
Care and Attention.
2. National Assistance Act, 1948 —
Incidence of Blindness.
3. Staff — Medical Examinations.

National Assistance Act, 1948 — Section 47.

Removal to Suitable Premises of Persons in Need of Care and Attention

It was found necessary on one occasion to institute proceedings under Section 47 of this Act during 1960. The woman concerned was in her seventies, was frail and being inadequately fed and incapable of adequately caring for herself. She refused the advice of her general practitioner and myself that she should be in hospital and I felt it essential in her own interests to apply for a Court Order.

Fortunately it is seldom necessary to invoke such measures and most people by persuasion voluntarily agree to avail themselves of a hospital bed or a place in one of the aged persons' homes.

National Assistance Act, 1948 — The Incidence of Blindness

The Director of Welfare Services informs me that 19 persons were admitted to the Blind Register, and 15 persons were admitted to the Partially Sighted Register during 1960. The following table shows the follow-up of registered blind and partially sighted persons.

Follow-up of Registered Blind and Partially Sighted Persons. Year ending 31st December, 1960

	Cause of Disability			
	Cata-ract	Glau-coma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which para. 7 (c) of Forms B.D.8 recommends:				
(a) No treatment ..	16	1	—	14
(b) Treatment (medical, surgical or optical)	2	—	—	1
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	2	—	—	—

Staff Medical Examinations

During 1960, 132 employees were examined by the Authority's Medical Officers who determined their fitness for entry into either the Council's Sickness Pay Scheme or Superannuation Scheme.

PART VI

ENVIRONMENTAL SERVICES

- (a) Report by the Chief Public Health Inspector on Sanitary Inspection of the Area.
- (b) Report of the City Analyst.
- (c) Wakefield Swimming Baths.
- (d) Sewage and Sewerage Disposal.
- (e) Wakefield Water.

SANITARY INSPECTION OF THE AREA

(By W. B. TWYFORD, Chief Public Health Inspector)

It is pleasing to be able to report that at the end of 1960 the Sanitary Section of the Health Department was fully staffed for the first time since I took office.

During the year the senior of our two students succeeded in passing the qualifying examination, and the remaining vacancy was filled as from the beginning of July. Unfortunately one of the Public Health Inspectors was off work for several weeks with a serious illness and this has prevented the increase in the staff being fully reflected in the amount of work which has been possible to undertake.

A start has been made on a long-term project which will ultimately result in a complete revision of all records kept in this department, and to this end a preliminary survey of the shops, factories, workplaces, etc., in the whole of the City was carried out and the figures in certain parts of the report vary from earlier reports as a result of this preliminary survey.

As in previous years the main effort of the Public Health Inspectors has been directed on to three main fronts:—

- (a) housing,
- (b) food inspection, and
- (c) clean air.

During 1960 a total of 301 houses was formally represented to the Council in Clearance and Compulsory Purchase Orders, and a further 22 houses were acquired as a result of voluntary agreement between the Corporation and the owners. This means that a grand total of 323 houses were dealt with during the year, and since it was necessary to make on an average of three or four visits per house a considerable amount of time was taken up in this connection.

I have commented on the position concerning food inspection in the body of the report, and although the total number of animals slaughtered within the City has shown a substantial decrease during the past twelve months, this work still occupies more than the equivalent of one full-time Inspector on food inspections alone.

The work which we have undertaken in connection with clean air has been of particular interest during the past twelve months, since we have had to enforce the first Smoke Control Order made in this City. As in any new scheme there have been a considerable number of teething troubles but by and large I think it is true to

say that no individual has been particularly inconvenienced by the switch from coal to smokeless fuel. Unofficial reports reaching me suggest that there has been some discontent amongst persons living in the first area, but for some reason the occupants of the area are very loath to express any dissatisfaction when I visit them, and on more than one occasion when I have visited a house from which rumblings of discontent have been heard, and on occasions I have been accompanied by the Mayor, the persons in the house have always had a cheerful fire at the time of my visit and have invariably expressed complete satisfaction with the arrangements which have been made for them.

One point which has been emphasised during the past year in connection with clean air relates to persons living outside Smoke Control Areas. I am quite certain that if it were possible to pay grant to people wishing to convert fireplaces in advance of smoke control action more rapid progress could be made, since the example of one or two satisfied persons voluntarily using smokeless fuels tends to have a far greater effect on spreading the virtues of clean air amongst their neighbours than any amount of preaching.

There is one source of nuisance which particularly affects the central areas of the City and with which it has not been possible to make any progress at all. That is the nuisance which arises daily from roosting pigeons. These nest and roost in the most inaccessible places and receive particularly sympathetic reception from members of the general public unless their property happens to be one of those chosen as a roosting site. The birds seem to be vested with a considerable amount of intelligence and soon realise that any traps put out to catch them are places to be avoided, and since the siting of traps necessitates the risk of injury to the operators putting them in position, this method of control has ceased to be of any practical use. Unless the appropriate authorities are prepared to allow the use of suitably treated baits to attract and immobilise these birds it is difficult to see how any satisfactory solution to this problem can be arrived at.

As in previous years the passing of new legislation has proceeded at a fast pace. The main Acts affecting this section are the Caravan Sites and Control of Development Act, 1960, The Noise Abatement Act, 1960, and the Offices Act, 1960. The last two of these were passed towards the end of the year and no comment on them is included in this report. In view of my remarks in an earlier report on the standard of office accommodation within the City, I look forward to the regulations which it is proposed to make under the Offices Act.

The Caravan Sites and Control of Development Act has been implemented and it would appear that public health interests have been placed second to planning considerations. This will necessitate very close liaison with Planning Officers if a satisfactory public health standard is to be maintained.

COMPLAINTS

Number of complaints received	1012
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This figure is comprised of:—

Ashbins	247
Rodents	187
Drains	208
Nuisances	113
Housing	..	..	..	..	..	210
Miscellaneous	..	..	..	..	..	47

DETAILS OF INSPECTIONS MADE

Total number of inspections made	..	..	..	9533
Inspection re complaints	..	..	..	951
Reinspections of houses under notice	..	..	..	609
Housing Inspections for Slum Clearance	..	..	..	471
Housing Inspections prior to rehousing (relets and municipal applications)	..	..	..	776
Housing Inspections re certificates of disrepair	..	..	..	30
Housing Inspections re overcrowding	..	..	..	32
Inspections re tents, vans and sheds	..	..	..	198
Inspections of food shops under Food and Drugs Act, 1955	..	..	..	128
Inspections of food preparing premises	..	..	..	79
Inspections of fish fryers	..	..	..	31
Inspections of ice cream premises	..	..	..	39
Inspections of dairies and milk shops	..	..	..	32
Inspections of bakehouses	..	..	..	20
Inspections of hotel and restaurant kitchens	..	..	..	53
Inspections of public houses and licensed premises	..	..	..	25
Reinspections in connection with food hygiene	..	..	..	100
Inspections of market	..	..	..	69
Inspections of hawkers and open air caterers	..	..	..	15
Visits to abattoir and slaughterhouses for inspection	..	..	..	1408
Visits to shops for food inspection	..	..	..	179
Inspections of factories with mechanical power	..	..	..	31
Inspections of factories without mechanical power	..	..	..	10

Inspections of outworkers premises	12
Inspections under Shops Act, 1950	91
Visits in connection with infectious disease	90
Visits re disinfection of premises	2
Visits re rodent infestation	267
Visits re vermin infestation	96
Verminous persons treated under supervision	1
Visits to test drains	72
Smoke observations	36
Other visits re atmospheric pollution	66
Visits to atmospheric deposit stations	515
Inspections of cinemas and places of entertainment	33
Inspections of offensive trades premises	2
Inspections of domestic sanitary accommodation	87
Inspections of public sanitary accommodation	10
Inspections of schools sanitary accommodation	1
Inspections of canal boats	6
Inspections of hairdressers' premises	14
Inspections of pet shops	3
Inspections of refuse accommodation	496
Inspections re keeping of animals	22
Interviews with tradesmen	335
Miscellaneous visits	1048
Visits to smoke control areas	538
Visits to clearance areas	78
Visits to flooded areas	43
Visits to special type houses	29
District surveys	254

Notices served.

Informal notices served	155
Informal notices complied with (including notices carried forward from 1959)	128
Statutory notices served	52
Statutory notices complied with (including notices carried forward from 1959)	42
Notices outstanding at end of 1960	54
Notices served under the Wakefield Corporation Act, 1924, regarding ashbins	152

ACTION UNDER THE PUBLIC HEALTH ACT, 1936.

Proceedings were instituted under Section 93 of the Public Health Act, 1936, in respect of one case for the non-abatement of a statutory nuisance, and a fine and court order to execute the work was imposed.

In one other instance work was carried out in default of the owners under Section 39 of the Public Health Act, 1936, in respect of roof drainage at three houses.

NUISANCES ABATED AND SANITARY DEFECTS REMEDIED.

Ashbins provided by owners or occupiers	463
Accumulations of manure and other refuse removed ..	6

Drains

Cleaned out, re-laid or repaired	94
New inspection chamber covers provided ..	1
Ventilating and soil pipes renewed or repaired ..	1
Gullies cleaned out	9

Dwellinghouses

Roof repairs	29
External walls rebuilt, cement rendered or repointed	4
Internal walls replastered	4
Ceilings replastered	4
Doors renewed or repaired	5
Handrails renewed or repaired	2
Fireplaces and cooking ranges renewed or repaired	6
Windows repaired or sashes re-corded	11
Houses or rooms cleansed or disinfested	20
New eavesgutters or rain water fall pipes provided ..	19
Eavesgutters or rain water fall pipes cleaned out or repaired	45
Chimney stacks or pots renewed or repaired ..	3
Smoky condition abated	3
Service pipes repaired	2
Sinks renewed	2
Sink and bath waste pipes renewed, repaired or cleaned out	7

Water Closets

Flushing cisterns repaired or renewed	6
Compartments rebuilt	2
New pedestal wash down pans provided	2
Repaired	6
Service pipes to flushing cisterns repaired	3
Water closets and urinals cleansed	2
Water closets lighted and ventilated	1
Sanitary accommodation converted to water closets	23

Miscellaneous

Yards and passages cleansed	4
Yards and passages paving repaired or renewed ..	4
Nuisances from keeping of animals abated ..	7
Nuisances caused by burning of refuse abated ..	2
Caravans removed	20

HOUSING**New Houses erected during 1960**

<i>Size of house, i.e. number of habitable rooms</i>	<i>Total</i>	<i>Built by Corpora- tion</i>	<i>Built by private enterprise</i>
2 rooms	—	—	—
3 rooms	84	76	8
4 rooms	212	154	58
5 rooms	51	29	22
6 rooms	4	—	4
7 rooms	—	—	—
	<hr/> 351 <hr/>	<hr/> 259 <hr/>	<hr/> 92 <hr/>

Clearance of Unfit Houses

During the year confirmation of the following Orders was received from the Minister of Housing and Local Government.

<i>Name of Order</i>	<i>No. of Houses</i>	<i>Popula- tion</i>	<i>Date of represen- tation</i>	<i>Date of Order</i>	<i>Date Con- firmed</i>
Kirkgate No. 15 (Park Place) Compulsory Purchase Order ..	6	12	15 Sept. 1958	7 Oct. 1958	10 Feb. 1960
Monk Street Nos. 1, 2, 3 Compulsory Purchase Order ..	37	86	15 June 1959	7 July 1959	10 Feb. 1960
Tadmans Buildings Clearance Order ..	40	99	13 July 1959	28 July 1959	4 Jan. 1960
Batley Road No. 2 Clearance Order ..	9	16	13 July 1959	28 July 1959	24 March 1960

In addition certificates of unfitness were given in respect of 22 local authority owned properties.

The following representations concerning unfit houses were made to the Council during the year.

<i>Name of Order</i>	<i>No. of houses</i>	<i>Popu- lation</i>	<i>Date of represent- ation</i>	<i>Date of Order</i>
Ingwell Street No. 1 Com- pulsory Purchase Order	2	3	16 May, 1960	14 June, 1960
Monk Street No. 4 Com- pulsory Purchase Order	5	14	16 May, 1960	14 June, 1960
Park Lodge Lane No. 1 Compulsory Purchase Order	18	39	16 May, 1960	14 June, 1960
Kirkgate No. 16 (Horners Yard) Compulsory Pur- chase Order	13	32	16 May, 1960	14 June 1960
Kirkgate No. 17 (Molla- cree's Yard) Compul- sory Purchase Order..	29	70	16 May, 1960	14 June, 1960
Batley Road No. 3 (Mount Pleasant) Compulsory Purchase Order ..	10	12	16 May, 1960	14 June, 1960
Batley Road No. 4 (High- field Terrace) Compul- sory Purchase Order..	40	98	16 May, 1960	14 June, 1960
Shilling Street Compul- sory Purchase Order ..	97	274	19 Sept., 1960	4 Oct., 1960
Garden Street Compul- sory Purchase Order..	52	141	19 Sept., 1960	4 Oct., 1960
Ingwell Street No. 2 Clearance Order ..	14	34	16 May, 1960	14 June, 1960
Ingwell Street No. 3 Clearance Order ..	2	4	16 May, 1960	14 June, 1960
Portland Place Clearance Order	6	16	16 May, 1960	14 June, 1960

<i>Name of Order</i>	<i>No. of Houses</i>	<i>Popula- tion</i>	<i>Date of represen- tation</i>	<i>Date of Order</i>
Horbury Road No. 8 Clearance Order ..	10	21	16 May, 1960	14 June, 1960
Dewsbury Road No. 5 Clearance Order ..	3	5	16 May, 1960	14 June, 1960
Total ..	301	763		

Confirmation of the Ingwell Street Nos. 2 and 3 Clearance Orders and Horbury Road No. 8 Clearance Order has already been received from the Minister of Housing and Local Government.

Houses Demolished

During the year 146 houses were demolished, 99 being in Clearance Areas and 47 individual unfit houses.

All removals from clearance properties were carried out by the Corporation and furniture and effects were disinfested by hydrogen cyanide in transit. Bedding, soft furnishings, etc., which were not suitable for gassing, were subjected to suitable disinfection.

The district inspectors carried out 776 inspections of dwelling houses in connection with the re-housing of tenants.

RENT ACT, 1957

Once again the action taken under this Act shows a decrease during the year, and the fact that only three applications for cancellation of a certificate of disrepair were received and none was approved indicates the failure of this Act to secure an improvement in the standard of repair in tenanted houses in Wakefield.

The following is a summary of work carried out during the year.

Number of applications for certificates ..	..	..	13
Number of decisions not to issue certificates ..	..	..	—
Number of decisions to issue certificates ..	..	..	13
(a) in respect of some but not all defects ..	..	..	11
(b) in respect of all defects ..	..	..	2

Number of undertakings given by landlords under paragraph 5 of the First Schedule	5
Number of undertakings refused by Local Authority under proviso to paragraph 5 of the First Schedule	—
Number of certificates issued	3
Applications by landlords to local authority for cancellation of certificates	3
Objections by tenants to cancellation of certificates.. ..	2*
Decisions by local authority to cancel in spite of tenants' objection	—
Certificates cancelled by local authority	—

*The other application was dealt with in 1961.

MOVABLE DWELLINGS

The Caravan Sites Control and Development Act, 1960, came into operation on the 29th August, 1960, and in accordance with the terms of that Act all existing licences were reviewed.

It was not found possible to raise the standard which already existed on any of the sites, since each applicant was only given planning permission for a limited period of twelve months, and this limited the additional conditions which could be attached to the site licence.

During the year, 10 licences were in operation, five of these being new licences. The dwellings are stationed on seven different sites and no difficulty is experienced in connection with any of them.

During 1960 less difficulty has been experienced in dealing with itinerant caravan dwellers than in previous years, largely due to the co-operation of the owners of some of the most popular unlicensed sites in fencing their land.

FOOD AND DRUGS

Registrations under the Milk and Dairies Regulations, 1959

During the year under review we have had the first batch of milk vending machines sited within the City, and in order to retain some measure of control over these machines it has been the policy of the Council to require the occupier of the shop on whose premises the machine is sited to be registered as a dealer for the appropriate grades of milk.

Distributors with premises within the City	20
Distributors with premises outside the City	18
Distributors with shop premises at which milk is supplied only in the properly closed and unopened vessels in which it is delivered to the shop	171

A total of 12 new registrations was effected during the year, 1 being a distributor with premises outside the City, and 11 of the additional were in connection with distributors who supply milk in sealed bottles from shops.

Milk (Special Designations) (Raw Milk) Regulations, 1949 to 1954
Milk (Special Designations) (Pasteurised and Sterilised) Milk Regulations, 1949 to 1953.

A total of 299 licences issued under these Regulations was in operation during 1960 and comprised the following:—

- 54 Dealers' licences authorising the use of the special designation Tuberculin Tested, 18 of which were supplementary licences.
- 53 Dealers' licences authorising the use of the special designation Pasteurised, 19 of which were supplementary licences.
- 190 Dealers' licences authorising the use of the special designation Sterilised, 11 of which were supplementary licences.
- 2 Dealer's (Pasteuriser's) licences authorising the use of the special designation Pasteurised.

Bacteriological Examination of Milk

During the year a total of 93 samples of milk was submitted to the Director at the Public Health Laboratory for examination. Seven samples were reported to be unsatisfactory.

It is interesting to note in view of the comment I have made earlier that the seven samples which failed to satisfy the prescribed tests were all obtained from milk vending machines, and in each instance it was possible to attribute the cause of failure to the fact that cartons were not being rotated properly during the daily filling of the machines. The need for strict supervision of these machines is, therefore, apparent.

The detailed analysis of the type of milks sampled is shown in the Table on page 79.

Bacteriological Examination of Milk to which a Special Designation was Applied

Month	Tuberculin Tested		Pasteurised and Tuberculin Tested				Sterilised		
	Methylene Blue		Methylene Blue		Phosphatase		Turbidity		
	No.	Satis- factory	No.	Satis- factory	Satis- factory	Unsatis- factory	No.	Satis- factory	Unsatis- factory
January	—	—	9	9	9	—	3	3	—
February	—	—	—	—	—	—	—	—	—
March	1	1	5	5	5	—	2	2	—
April	—	—	6	6	6	—	—	—	—
May	—	—	3	3	3	—	2	2	—
June	—	—	2	2	2	—	—	—	—
July	7	6	7	6*	7	—	2	2	—
August	3	3	7	7	7	—	—	—	—
September	2	2	4	4	4	—	—	—	—
October	2	—	12	11	12	—	—	—	—
November	5	3	2	2	2	—	3	3	—
December	4	3	—	—	—	—	—	—	—
Totals	24	18	57	55	57	—	12	12	—

* Test invalid

Bacteriological Examination of Water

During the year eight samples of water from the mains supply were submitted to the Director of the Public Health Laboratory for examination. All the samples have been proved to be satisfactory.

In addition to the samples submitted by this Department, routine sampling is also carried out by the Waterworks Engineer.

Bacteriological Examination of other Foods

During the year 32 samples of food were submitted to the Director of the Public Health Laboratory, and 7 were found to be unsatisfactory.

<i>No.</i>	<i>Type of Food</i>	<i>Report</i>	<i>Result</i>
1.	Desiccated Coconut	Salmonella Bareilly isolated.	Unsatisfactory
2.	Desiccated Coconut		Satisfactory.
3.	Desiccated Coconut		Satisfactory
4.	Desiccated Coconut		Satisfactory
5.	Desiccated Coconut		Satisfactory
6.	Coconut Macaroon		Satisfactory
7.	Cream	The cream had been properly heat treated but the Methylene Blue Test was de-colourised in 0 hours	Unsatisfactory
8.	Desiccated Coconut		Satisfactory
9.	Roasted Coconut		Satisfactory
10.	Desiccated Coconut	Salmonella Bareilly isolated.	Unsatisfactory
11.	Desiccated Coconut		Satisfactory
12.	Desiccated Coconut	Salmonella isolated.	Unsatisfactory
13.	Desiccated Coconut		Satisfactory
14.	Desiccated Coconut		Satisfactory
15.	Coconut Buns		Satisfactory
16.	Desiccated Coconut		Satisfactory
17.	Desiccated Coconut		Satisfactory
18.	Desiccated Coconut		Satisfactory

<i>No.</i>	<i>Type of Food</i>	<i>Report</i>	<i>Result</i>
19.	Ham Sandwich	No pathogenic organisms isolated.	Satisfactory
20.	Roast Pork Sandwich	No pathogenic organisms isolated	Satisfactory
21.	Pork and Stuffing Sandwich	No pathogenic organisms isolated	Satisfactory
22.	Pork and Tongue Pressed Meat	No pathogenic organisms isolated.	Satisfactory
23.	Double Cream	Methylene Blue was decolourised at the end of 0 hours	Unsatisfactory
24.	Ham Sandwich	No pathogenic organisms isolated	Satisfactory
25.	Tongue Sandwich	No pathogenic organisms isolated	Satisfactory
26.	Boned Rolled Beef	No pathogenic organisms isolated	Satisfactory
27.	Cooked Rolled Boned Beef	No pathogenic organisms isolated	Satisfactory
28.	Gravy	No pathogenic organisms isolated	Satisfactory
29.	Double Cream	Methylene Blue was decolourised at the end of 0 hours	Unsatisfactory
30.	Fresh Jersey Cream	Methylene Blue was decolourised at the end of 0 hours.	Unsatisfactory
31.	Fresh Double Cream	Methylene Blue was not decolourised at the end of 3 hours	Satisfactory
32.	Fresh Double Cream	Methylene Blue was not decolorised at the end of 3 hours	Satisfactory

The seven samples which were the subject of adverse reports consisted of four jars of fresh cream and three samples of desiccated coconut.

The creams failed to meet the provisional test, and on investigation it was found that the storage conditions in the shops concerned and the length of time for which the cream had been held were unsatisfactory and after representation to the management the system in each case was changed.

In common with most authorities, notification was received from a commercial source during the year that supplies of desiccated coconut were suspected of being contaminated with *Salmonella* organisms, and all bakers in the City were advised to discontinue the use of raw desiccated coconut. Fourteen samples were obtained and of these three were found to be positive to *Salmonella*.

It is hard to understand the official attitude of the Ministry in connection with this question of desiccated coconut since little or no information is forthcoming from official sources as to the risk involved, and it seems strange that local authorities whose duty it is to protect the health of the public should have to rely on reports from the laboratories of commercial organisations for the intimation of suspected imported food. More recent reports suggest that contaminated coconut is still being imported into this country but official guidance is still not forthcoming.

Laboratory Facilities

The bacteriological examination of water, milk, foods and pathological specimens is carried out by the Public Health Laboratory, Wood Street, Wakefield.

Messrs. Lee and Mallinder of Halifax carry out the chemical analysis of water supplied by the Wakefield Corporation.

Chemical analyses of foods, drugs, fertilisers, and water are carried out by Mr. R. A. Dalley, F.R.I.C., who is employed as the City Analyst for Leeds and also acts for the City of Wakefield.

Biological Tests for Tubercle Bacilli and *Brucella Abortus*

A total of 9 samples was submitted for biological tests. All were negative for Tuberculosis, and 8 were reported negative for *Brucella Abortus*. In the other case the test showed that an animal from the herd has had brucellosis at some time in the past but not now harbouring the live organism.

Chemical Analysis of Water

During the year one sample of water from the mains supply was submitted for chemical analysis, and was found to be satisfactory.

Samples of the City's water supply are regularly submitted by the Waterworks Engineer and details of these appear on page 110.

Chemical Analysis of Milk

Details of the chemical analysis of milk are shown later in the report under the heading of the Food and Drugs Act, 1955. Five of the 64 samples submitted were reported as unsatisfactory.

Food and Drugs Act, 1955

A total of 190 samples (53 formal and 137 informal) of foods and drugs was submitted for analysis under the Food and Drugs Act during the year. This number is equal to 3.2 samples per thousand of the population of the City and is in excess of the standard of 3 samples per thousand suggested by the Ministry of Health.

Details of samples taken are as follows:—

Nature of Commodity

(a) Milk

<i>Number Examined</i>	<i>Number Adulterated</i>	<i>Percentage Adulterated</i>	<i>Action taken on unsatisfactory samples</i>
64	5	7.8%	Samples Nos. 14, 48 and 49 contained 5.2%, 4.5% and 4.5% added water respectively. Sample No. 50 had a fat deficiency of 16%. Legal proceedings instituted, producer fined a total of £40 and ordered to pay costs. Sample No. 186 contained 80% added water due to hot water in which the bottle was heated during the process having seeped into the bottle due to a defective crown cork. Warning letter to producer.

(b) Other Foods

	<i>Number examined</i>	<i>Number adulterated</i>	<i>Percentage adulterated</i>	<i>Action taken on unsatisfactory samples</i>
Almond Oil B.P.	1	—	—	
Aspirin	2	—	—	
Baking Powder ..	2	—	—	
Balsam of Aniseed	1	—	—	
Beer (Pale Ale) ..	1	—	—	
Blackcurrant Drink	1	—	—	
Bronchial Mixture	1	—	—	
Butter	2	—	—	
Buttered Kipper Fillets	1	—	—	
Buttered Rum Truffles ..	1	—	—	
Buttered Scones..	1	—	—	
Buttersnap ..	1	—	—	
Buttered Toast ..	1	—	—	

Cheese ..	..	2	—	—	50%	Sample No. 84 was of Canned Skinless Boned Chicken which contained 15% added water. Informal correspondence with retailer.
Chicken ..	..	2	1	—	50%	Sample No. 106 was 60% deficient in chicken content. Warning letter to producers.
Chicken Cakes ..	..	2	1	—	50%	Samples Nos. 80 and 82 were both 100% deficient in chicken. Manufacturers fined £35 and ordered to pay costs.
Chicken Pie	..	2	—	—	100%	
Chicken Rolls ..	..	2	2	—	100%	
Chocolate ..	..	2	—	—	—	
Christmas Pudding	..	2	—	—	—	
Coffee ..	..	3	—	—	—	
Corn Bread ..	..	1	—	—	—	
Cough Elixir ..	..	1	—	—	—	
Cream ..	..	8	—	—	—	
Cream Toffee ..	..	2	—	—	—	
Crystals (Lemon and Raspberry)	..	2	—	—	—	
Curds ..	..	1	—	—	100%	Sample No. 180 contained extraneous material which was found to be jute fibre. Legal proceedings instituted; manufacturers fined £5.
Currant Slice ..	..	1	1	—	100%	
Custards ..	..	2	—	—	—	
Dessert Sweet Mix	..	1	—	—	—	
Dumplings (Steak)	..	1	—	—	—	
Epsom Salts ..	..	1	—	—	—	

<i>Number examined adulterated</i>				<i>Number adulterated</i>		<i>Percentage adulterated</i>		<i>Action taken on unsatisfactory samples</i>	
Fish Cakes	..	..	8	1	12.5%			Sample No. 28 was 30% deficient in fish. Warning letter to manufacturers.	
Fish Cutlets	..	..	5	3	60%			Sample No. 24 was 20% deficient in fish. Warning letter to retailer. Sample No. 81 was informal and was followed up by formal sample No. 83. Both were 68% deficient in fish. Warning letter to manufacturers.	
Fish (Haddock Grilletes)	..	..	1	—	—				
Flour (Self Raising)	..	..	1	—	—				
Grapefruit	..	..	1	—	—				
Glycerin of Thymol	..	..	1	—	—				
Hamburgers	..	..	2	—	—				
Honegar	..	..	1	—	—				
Ice Cream	..	..	2	1	50%			Sample No. 30 contained 10.5% vegetable fat which was not stated on the label. Warning letter to manufacturers.	
Jelly (Rowan)	..	..	1	—	—				
Jelly (Cranberry)	..	..	1	—	—				
Lard	..	..	1	—	—				
Lager	..	..	1	—	—				
Milk (Evaporated)	..	..	2	—	—				
Mushrooms (Canned)	..	..	1	—	—				

Nuts (Peanuts) ..	..	1	—	—	
Nut Mix ..	..	1	—	—	
Nuts and Raisins	..	1	—	—	
Olive Oil..	..	1	—	—	
Orange Crush ..	..	3	1	33.3%	Sample No. 149 contained 4 parts per million phenol disinfectant. Warning letter to manufacturers.
Parkin Mixture ..	..	1	1	100%	The label did not make clear to the purchaser that the contents of the packet required the addition of sugar, syrup, margarine and milk. Warning letter to manufacturers.
Pastry Mix	..	1	—	—	
Pineapple Milk Shake Syrup ..	..	1	—	—	
Preserves:					
Jam ..	..	3	—	—	
Marmalade ..	..	2	—	—	
Mincemeat ..	..	2	—	—	
Rolls (Starch Reduced)	..	4	—	—	
Rum Beans ..	..	2	2	100%	Sample No. 172 was informal and was followed up by formal sample 181. The label bore a false description. Correspondence with importers.
Salmon (tinned)..	..	1	—	—	
Salmon (potted)..	..	1	—	—	
Sandwich Spread	..	1	—	—	
Sausage ..	..	2	—	—	

	<i>Number examined</i>	<i>Number adulterated</i>	<i>Percentage adulterated</i>	<i>Action taken on unsatisfactory samples</i>
Sponge Pudding ..	1	—	—	
Sponge Sandwich ..	2	—	—	
Steaks (Shredded Beef) ..	2	—	—	
Steak and Kidney Pie ..	1	—	—	
Stew (Spring Lamb) ..	1	—	—	
Tea ..	1	—	—	
Tomato Paste ..	1	—	—	
Veal, Ham and Egg Pie ..	1	—	—	
Vegetable Oil ..	1	—	—	
Whisky ..	4	—	—	
	<hr/> 126	<hr/> 14	<hr/> 11.0%	

The number of samples taken during the year shows a decrease from previous years, although the final figure still slightly exceeds the recommendations of the Ministry of Health. Efforts have been made to concentrate on sampling foods other than milk, and this has the effect of increasing the cost per sample and is something which will have to be borne in mind when estimates for future years are reviewed.

I do not think the milk samples require any particular mention, and it was pleasing to see a heavy fine imposed when legal proceedings were instituted in respect of a series of unsatisfactory samples.

With the increasing popularity of chicken as an item of diet, some attention was paid to commodities the description of which included the word "chicken", and it is interesting to note that of eight samples taken, four were the subject of an adverse report, and in one instance where the samples were one hundred per cent. deficient in chicken legal proceedings were successfully instituted.

It was also necessary to institute legal proceedings in respect of a currant slice which was received in the Health Department as a complaint from a consumer, and which was found to contain extraneous material, i.e., jute fibre, which had presumably come from the flour sack.

The sample of orange crush which was reported against was again received as a complaint from a member of the public, and it was apparent that the bottle containing the drink had been misused by a previous purchaser.

Consideration of the whole of the samples taken suggests that the nature of the offence in connection with food sampling tends to be changing. Nowadays it is comparatively uncommon to find unsound, adulterated or injurious food in these samples, but there is a growing tendency to glorify the composition of the foodstuffs by a misleading label. This can be done by incorporating pictorial representations of items which are not included in the final product or by omitting to mention the presence of additives which increase the bulk of the more expensive item of food with a much cheaper product.

FOOD HYGIENE

Number of Food Shops in Wakefield

Grocer and Provision Dealer	..	..	123
Fishmonger and Greengrocer	..	..	38
Butcher	..	..	57

Baker and Confectioner	..	..	..	33
Fishfryer	..	..	..	42
Sweets and Confectionery	..	..	..	53
Restaurant Kitchens and Snack Bars	..	..	..	27
Bakehouses	..	..	..	22
Licensed Houses	..	..	..	110

The figures given in the table at the head of this section vary from those which were included in previous annual reports, and this is due to the completion of a preliminary survey of the City. The figures quoted can still not be regarded as completely accurate, and it is hoped within the course of the next few months to complete a detailed survey which will then correctly classify the various shops within the City.

The slide in the standard of food hygiene to which I referred in the last annual report has still not been arrested although greater attention is being paid to this important aspect of the Public Health Inspectors' work now that the full compliment of Inspectors is employed, and I think that the near future will see a considerable improvement in this matter. It is to be regretted that no approach has been made by any of the food trades for assistance to be given in improving food hygiene by the organisation of courses, lectures, etc.

REGISTRATION OF HAWKERS OF FOOD

The Wakefield Corporation Act, 1938, requires certain businesses to be registered, and the following is a summary of same.

Section 109

(a) Any person, other than a person keeping open shop, who sells, offers or exposes for sale meat, fish, fruit or vegetables from a cart, etc., and

(b) Any premises used or proposed to be used as storage for such food.

The number of businesses (hawkers) registered at the end of 1960 was 60.

ICE CREAM

During 1960, 13 applications for registration of premises under Section 110 of the Wakefield Corporation Act, 1938, were received. Some of these were in respect of changes of occupiers

and the total number of premises registered was 219. Only one of the premises is used for the manufacture and storage of ice cream, the others being for storage and sale only.

A total of 39 samples was submitted to the Public Health Laboratory for examination during the year. All the samples were subjected to the Methylene Blue Test recommended by the Ministry of Health and were provisionally graded as follows:—

Total Number of samples	Provisional Grades			
	Grade 1	Grade 2	Grade 3	Grade 4
39	37 (94.8%)	1 (2.5%)	1 (2.5%)	—

As in previous years the results of the samples taken indicate that the standard of ice cream sold within the City is second to none.

The advent during the past year or two of the “soft” ice cream is giving rise to certain problems and the installation of the processing plant for this type of ice cream on vehicles is a point which does not appear to be adequately covered by existing legislation.

WAKEFIELD CORPORATION ACT, 1938

Section 110

Registration of Food Preparation Premises

Premises used or intended to be used for the preparation or manufacture of sausages or potted, pressed, pickled or preserved meat, fish or other food for sale are required to be registered under the above-mentioned Act.

The number on the Register at the end of 1960 was 45.

SLAUGHTERHOUSES

During 1960, action was taken to implement the requirements of the Slaughterhouse Act, 1958; detailed reports on the condition of the City Abattoir and the two private slaughterhouses were submitted to the Council and in October the official report on slaughtering facilities within the City was sent to the Ministry of Agriculture, Fisheries and Food.

The two existing private slaughterhouses continued in use and in both cases the occupiers were busily engaged in their proposals to meet the requirements of the new legislation.

The conditions at both the private slaughterhouses and the abattoir continued to be as satisfactory as the present premises permit.

Slaughter of Animals Act, 1933 to 1954

A total of 29 licences to slaughter or stun animals was issued during 1960. Twenty-six of the licences were renewals and 3 were new licences.

Number of Animals Slaughtered in the City during 1960

For the first time for a number of years the total number of animals slaughtered within the City fell, and it is difficult to appreciate why there should be a decrease of 7,000 animals slaughtered during the past year, since, so far as is known, there has been no material change in population, in the slaughtering facilities or in the demand in the immediate vicinity of Wakefield.

The one hundred per cent. meat inspection service which this authority has operated for many years was still maintained in spite of the fact that the distribution of the kill at three centres makes it an uneconomical proposition so far as man-power is concerned.

I am grateful for the way in which the meat traders generally co-operate with the Public Health Inspectors in ensuring that any carcase suspected of being diseased is retained until a final decision can be arrived at.

<i>Animals</i>	<i>Borough Slaughterhouse</i>	<i>Private Slaughterhouses</i>	<i>Totals</i>
Cows	844	11	855
Heifers	309	3	312
Bulls	11	1	12
Bullocks	2333	615	2948
Calves	169	16	185
Pigs	7325	5500	12825
Sheep	13890	2254	16144
	<hr/> 24881 <hr/>	<hr/> 8400 <hr/>	<hr/> 33281 <hr/>
TOTAL .. ..	..	..	33281

A total of 33,281 animals was slaughtered in 1960, compared with 40,091 in the previous year, a decrease of 6,810.

Carcases and Offal Inspected and Condemned.

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	3272	855	185	16144	12825	—
Number inspected	3272	855	185	16144	12825	—
All diseases except Tuberculosis and Cysticerci.						
Whole carcasses condemned ..	—	2	4	2	30	—
Carcasses of which some part or organ was condemned ..	161	84	—	1	182	—
Percentage of the number in- spected affected with dis- ease other than Tuberculo- sis and Cysticerci	4.92	10.05	—	0.024	1.65	—
Tuberculosis only.						
Whole carcasses condemned ..	1	1	—	—	1	—
Carcasses of which some part or organ was condemned ..	28	17	—	—	44	—
Percentage of the number inspected affected with Tuberculosis	0.88	2.1	—	—	0.35	—
Cysticerci.						
Carcasses of which some part or organ was condemned ..	6	—	—	—	—	—
Carcasses submitted to treat- ment by refrigeration ..	6	—	—	—	—	—
Generalised and totally con- demned	—	—	—	—	—	—

I commented in last year's annual report on the decrease in the percentage of animals affected with Tuberculosis, and I am pleased to report that there has been a further reduction. Tuberculosis is now becoming so rare that it is difficult to find examples of it to demonstrate to students.

Although the number of carcasses affected with *Cysticercus Bovis* shows an increase in the last year it is still of very little significance so far as Wakefield is concerned. No carcase has shown evidence of multiple cysts, and every carcase which is found to be affected with *Cysticercus Bovis* is treated in accordance with the official recommendations.

Inspection of other Food

<i>Food</i>					<i>tons</i>	<i>cwt.</i>	<i>qtr.</i>	<i>st.</i>	<i>lb.</i>
Bacon	..	..	..	..	—	7	3	1	8
Fruit	..	..	..	..	4	2	0	0	4
Fish ..	..	..	..	..	—	2	3	1	7
Ham ..	..	..	..	..	—	—	3	0	4
Potatoes	..	..	..	..	3	4	3	1	0
Frozen Eggs	..	..	..	..	—	—	2	0	0
Meat	..	..	..	..	—	—	3	0	8
					7	19	3	1	3

<i>Canned Food</i>					<i>tons</i>	<i>cwt.</i>	<i>qtr.</i>	<i>st.</i>	<i>lb.</i>
Meat	..	..	..	914	1	14	0	0	13
Milk	..	..	..	80	—	—	3	1	0
Vegetables	..	..	..	664	—	10	3	0	9
Fruit	..	..	..	2402	1	6	0	1	5
Fish ..	..	..	..	79	—	—	1	0	9
					3	12	1	0	8
Total	..	..	..	4139	11	12	0	1	11

The amount of other foods condemned during 1960 is almost treble the amount in previous years, and this has resulted in considerably more time being spent on this work than during the past year or two.

Disposal of Unsound Food

Unsound meat and offal from the City Abattoir and private slaughterhouses is sold to a contractor whose premises are situated outside the City where it is processed for animal feeding stuffs.

Due to the fact that no incinerator is available for the destruction of unsound food within the City, other than unsound meat and offal, it has been necessary during 1960 to dispose of this material by tipping, and from time to time this has given cause for concern.

It is an unfortunate fact that much of the unsound food is delivered to the tip towards weekends and at the end of the working day, and this does tend to cause the burying and adequate covering of this material to be delayed. As a result rodent

infestations occur and there is always the possibility of children gaining access to the face of the tip and eating some of the unsound food lying around.

I understand that arrangements are in hand for the provision of a new incinerator and it will be a considerable improvement to the Public Health Services of the City when it is possible to incinerate all waste food which cannot be sold for processing.

Fertilisers and Feeding Stuffs Act, 1926

A total of 12 samples of fertilisers was taken in the manner prescribed by the Act during 1960. Eight of the samples were reported by the Agricultural analyst to be of satisfactory composition. The remaining 4 samples were reported to be at variance with the information given in the statutory statements and in each case the manufacturers' attention was drawn to the contraventions referred to.

The sampling of fertilisers and feeding stuffs by the staffs of Health Departments seems strange, since these substances can have little direct effect upon the state of health of the community.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

A total of 7 samples has been submitted to the Prescribed Analyst under the Act during 1960. The Analyst reports that all the samples complied with the requirements of the Act.

The following registrations, etc., were effected during 1960:

Number of licences issued to manufacture Rag Flock	1
Number of premises registered where Rag Flock is used	
in connection with the business carried on —

Although the legislation covering rag flock and filling materials is quite recent, it would seem that the increasing use of foam rubber, and in particular foam rubber chips, which do not appear to come within the scope of this Act, have already made it obsolete.

NOTES ON CLEAN AIR ACT

On the 1st October, 1960, the City of Wakefield Smoke Control Order, 1959, became operative and this affected some 23 acres of the central area of the City. The properties in the area included 24 industrial premises, 148 commercial premises, 102 dwelling houses and 3 chapels.

It is pleasing to be able to report that the bringing into operation of this Order was effected with practically no disturbance to the normal routine of the people living within the area, and surprisingly little opposition to the use of the various smokeless fuels was encountered.

The co-operation which we have received from all the interested organisations, and in particular the North Eastern Gas Board through the agency of the Coke Officer, has been of the highest order and has undoubtedly facilitated the smooth implementation of the Order.

Although the Order only affects a small area it has provided valuable experience in the administrative problems which are posed by clean air legislation, and I am hopeful that when the second area is brought into operation it will then be possible for an improvement in the atmosphere over the centre of the City to be observed.

The scheme for demonstrating the use of solid smokeless fuels in vacant Corporation houses which was initiated last year has been continued, although unfortunately it has only been possible to stage one demonstration during 1960 because of the pressure of other work.

The survey of two further areas which it is hoped to deal with as Smoke Control Areas during 1961/62 was commenced during the year under review and as in the existing Order very little opposition to the principles of clean air have been expressed by the persons interviewed.

ATMOSPHERIC POLLUTION

Thirty-seven smoke observations were made during the year. In only one case was smoke as dark as or darker than Ringelman Shade 4 observed, and in only 5 cases smoke as dark as or darker than Ringelman Shade 2 was observed. In the other 31 cases the smoke observed was less than Ringelman Shade 2.

Table I.

Monthly Record of Soot Deposits in Standard Gauges 1959 and 1960

Month.	Tons of total solids per square mile					
	Clarence Park Station		Art Gallery Station		Kettlethorpe Station	
	1959	1960	1959	1960	1959	1960
January	10.77	16.06	19.29	16.48	10.69	10.54
February	4.14	9.42	8.86	20.64	2.97	8.34
March	10.12	10.10	23.07	26.13	8.55	8.98
April	22.53	9.66	27.37	14.13	8.12	8.13
May	11.03	14.75	15.22	9.56	4.91	9.44
June	22.55	15.13	37.79	19.66	11.33	10.80
July.. ..	10.95	14.55	20.21	15.70	6.14	7.60
August	5.19	12.63	15.97	19.63	4.37	13.44
September	9.29	8.72	11.61	13.99	4.77	6.11
October	13.48	17.75	21.75	21.18	12.98	12.77
November	14.15	15.26	20.16	22.31	13.58	11.37
December	10.67	11.54	21.38	13.83	8.64	7.71
Average per month	12.07	12.96	20.22	17.77	8.08	9.60

Table II.

Annual Record of Soot Deposits in Standard Gauges in Wakefield from 1950 to 1960.

Year (Monthly average)	Tons of total solids per square mile		
	Clarence Park Station	Art Gallery Station	Kettlethorpe Station
1950	12.09	16.41	—
1951	12.57	19.53	—
1952	9.62	17.82	—
1953	8.83	15.07	7.52
1954	10.90	19.70	8.79
1955	10.70	17.15	8.69
1956	11.57	17.56	6.20
1957	11.33	15.92	8.80
1958	12.48	17.22	9.93
1959	12.07	20.22	8.08
1960	12.96	17.77	9.60

Table III

Mg. of SO₃/Day Collected by 100 sq. cm. of Batch 'A' PbO₂ (Louvered Cover)

<i>Month</i>	<i>Art Gallery</i>	<i>Clarence Park</i>	<i>Kettlethorpe</i>
January ..	2.84	3.33	2.05
February ..	3.04	2.86	1.80
March.. ..	2.64	2.70	1.23
April	1.86	2.05	1.23
May	1.21	1.29	0.91
June	1.11	0.96	0.73
July	1.07	0.85	0.66
August ..	0.89	0.86	0.63
September ..	1.31	1.21	0.66
October ..	1.97	2.26	1.07
November ..	2.74	2.11	1.44
December ..	3.66	3.61	2.03
Average ..	2.03	2.01	1.20

Table IV

Result from Volumetric Sulphur Dioxide and Air Filter Apparatus

Month	St John's		Northgate		Belle Vue		Lupset		Calder	
	Smoke	S.O.2	Smoke	S.O.2	Smoke	S.O.2	Smoke	S.O.2	Smoke	S.O.2
	mg/ 100 Cu. M	p.p. 100 mill.	mg/ 100 Cu.M	p.p. 100 mill.	mg/ 100 Cu.M	p.p. 100 mill.	mg/ 100 Cu.M	p.p. 100 mill.	mg/ 100 Cu.M	p.p. 100 mill.
Jan.	47	12	34	8	38	9	29	9	28	8
Feb.	48	13	32	8	32	9	26	8	25	8
March	26	8	18	4	9	3	17	5	16	4
April	25	8	24	8	17	5	14	6	15	6
May	19	6	6	4	16	5	11	5	12	4
June	12	5	5	3	15	5	7	4	8	4
July	14	5	7	3	20	5	7	3	8	3
Aug.	17	4	9	3	18	5	10	3	11	3
Sept.	23	6	14	3	21	5	13	4	15	4
Oct.	27	8	16	4	16	5	19	6	19	5
Nov.	37	13	27	7	35	9	21	7	22	7
Dec.	61	19	43	7	31	9	34	13	29	9
Total	356	107	235	62	268	74	208	73	208	65
Ave.	30	9	20	5	22	6	17	6	17	5
	(City Centre)		(North)		(East)		(West)		(South)	

It is difficult to come to any definite conclusion from the statistics which have been obtained from the measurement of atmospheric pollution within the City.

The deposit gauge and the sulphur dioxide figures obtained by the lead peroxide candles seem to indicate a general increase during 1960, in both solids deposited and sulphur dioxide content, whereas the figures obtained by the volumetric sulphur dioxide and air filter apparatus show a decrease on 1959.

It is generally considered that the figures obtained by the volumetric sulphur dioxide and air filter apparatus give a truer representation of the conditions which actually exist, and it is, therefore, probably reasonable to assume that there has been a slight improvement in the amount of atmospheric pollution during 1960.

In view of the fact that five of the volumetric sulphur dioxide and air filter apparatus are now permanently sited within the City, I feel that consideration will have to be given as to whether the taking of standard deposit gauge and sulphur dioxide candle readings is worth while except where a particular problem exists in a specific locality.

RODENT CONTROL

Although the number of inspections made is lower than in the previous year, the amount of survey work which has been undertaken by the Rodent Operatives has increased considerably, and I do not think there is any doubt but that this has had the effect of reducing the number of surface infestations which exist within the City.

Number of properties inspected	..	..	1473
Number of inspections made	..	..	2437
Operations at business premises	..	..	118
Operations at private dwellings..	..	..	66
Operations at Corporation premises	..	..	32
Number of baits laid	..	..	9122

VERMINOUS PREMISES

Hydrogen Cyanide Fumigation

During 1960 the following work in connection with the disinfection of houses found to be infested with bed bugs was carried out:—

Number of municipal houses fumigated	..	..	5
Number of privately owned houses fumigated	..	..	Nil.

All the houses were disinfested by the application of Hydrogen Cyanide Gas undertaken by a firm of specialists in this work.

Spray Disinfection

Municipal houses	..	..	..	8
Other than Municipal houses	..	..	..	5

Disinfection Facilities

It has been known for some time that the disinfection facilities afforded by this Authority were not entirely satisfactory since they do not cover the satisfactory disinfection of the clothing of a casual verminous person. When the steam disinfector became unserviceable, consideration was, therefore, given to the provision of new apparatus and towards the end of the year a Sparkhall Steriliser was installed.

This apparatus was made to our own specification and incorporated a large chamber where bedding, etc., can be treated, and a small 20 cubic foot compartment which can be operated independently of the main chamber and where single suits of clothing, etc., can be effectively treated.

This new disinfestor was installed in the existing disinfestation centre which is not entirely convenient for the treating of verminous persons' clothing, but the apparatus is sufficiently portable to allow for its easy re-siting in the new disinfestation centre as soon as this building is completed. When this is done it will be possible for any verminous persons to be bathed and their clothing to be disinfested at the same time. The disinfestation services of the Corporation will then be satisfactory.

CLOSET ACCOMMODATION

The notices requiring the conversion of approximately half the trough closets in the City which were served at the end of the previous year were, in the main, complied with during 1960, and a total of 23 trough closets was converted to water closets during the year, the Corporation bearing half the cost of conversion. At the end of 1960 only the closets serving two blocks of property under notice still required to be converted and once these have been completed the only remaining trough closets will be those serving properties which are to have high priority in the clearance programme.

At all the other premises where sub-standard accommodation is provided it is not possible to provide a sewerage system to serve them.

The number of sub-standard closets at the end of 1960 was:—

Trough Closets	..	..	..	..	38
Privy Middens	..	..	..	..	16
Pail Closets	..	..	..	..	2
Chemical Closets	..	..	..	..	3

A total of 495 water closets has been installed in new and existing properties during 1960.

REFUSE STORAGE ACCOMMODATION

Wakefield Corporation operate a bin replacement scheme and levy an annual charge (3/- per annum) along with the general rate.

As and when a notice is served requiring the provision of an ashbin the property is brought within the scheme.

Total number of ashbins on maintenance at the
end of 1960 8072

Number of ashbins renewed at properties under
the maintenance scheme during 1960 332

OFFENSIVE TRADES

Offensive Trades on the Register at the end of 1960.

<i>Trade.</i>	<i>Number.</i>
Tripe Boiling	1
Gut Scraping	—
Rag and Bone Dealing	1
Total	2

CANAL BOATS

The number of canal boats inspected during 1960 was 5, and the boats inspected were occupied by 10 persons, adults (males 10). No infringements were found during the year, all the boats complying with the requirements of the Act and Regulations.

The total number of boats on the register is two, the same as last year.

WAKEFIELD CORPORATION ACT, 1938

Section 154.

Registration of hairdressers' and barbers' premises.

The number on the Register at the end of 1960 was 79 (an increase of 1).

FACTORIES ACT, 1937

During the year three notices were received from H.M. Inspector of Factories reporting contraventions of the Act, and the defects in each of the cases referred to were remedied before the end of the year.

Outworkers (Section 110)

Notifications were received of 7 persons employed as outworkers. An inspection was made at the premises in which the work was executed and they were found to be clean.

I. INSPECTION OF FACTORIES.

<i>Premises</i>	<i>Number of</i>			
	<i>Number on Register</i>	<i>Inspections</i>	<i>Written Notices</i>	<i>Occupiers prosecuted</i>
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities.	75	10	—	—
Factories not included in (i) in which Section 7 is enforced by the Local Authority.	344	31	2	—
Totals	419	41	2	—

II. CASES IN WHICH DEFECTS WERE FOUND.

<i>Particulars</i>	<i>Number of cases in which defects were found.</i>				<i>Number of cases in which prosecutions were instituted</i>
	<i>Found</i>	<i>Remedied</i>	<i>Referred to H.M. Inspector</i>	<i>by H.M. Inspector</i>	
Want of cleanliness	—	—	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	2	1	—	2	—
Ineffective drainage of floors	—	—	—	—	—
Sanitary conveniences	2	1	—	1	—
(a) insufficient	—	—	—	—	—
(b) unsuitable or defective	1	1	—	—	—
(c) not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork).	—	—	—	—	—
Totals	5	3	—	3	—

ANNUAL REPORT OF THE CITY ANALYST FOR 1960

The following is a summary of the analyses made during 1960:—

Food and Drug Samples	..	..	..	190
Fertilisers and Feeding Stuffs	..	..	..	12
Pharmacy and Poisons Act	..	..	..	1
Atmospheric Pollution samples	..	..	..	72
Water Samples	..	..	..	4
Water for Radioactivity	..	..	..	12
Miscellaneous	..	..	..	2
Total				293

The table on pages 84-88 summarises the articles submitted for analysis under the Food and Drugs Act, 1955.

The percentage of unsatisfactory samples was 10.0 per cent. compared with 12.6 per cent. in 1959 and 6.4 per cent. in 1958.

Milk

The average composition of the 64 samples analysed is shown in the table below, which for comparison purposes, also shows the corresponding figures for 1959, together with the 1960 figures for Leeds and the minimum composition required by the Sale of Milk Regulations, 1939.

	<i>Wakefield</i>		<i>Leeds</i>	<i>Minimum Legal Require- ment</i>
	1960	1959	1960	
Number of samples	64	83	2873	
Solids-not-fat ..	8.57%	8.62%	8.73%	8.50%
Fat	3.71%	3.65%	3.75%	3.00%
Total solids..	12.28%	12.27%	12.48%	11.50%

Five of the 64 milk samples were adulterated, four containing added water and one being fat deficient. The milk deficient in fat (16 per cent. deficiency), and 3 of the watered milks (containing respectively 5.2 per cent., 4.5 per cent. and 4.5 per cent. added water) were supplied by one farmer, who in the subsequent Court Proceedings was fined £40 plus £10 13s. 0d. costs. The other unsatisfactory milk contained no less than 80 per cent. of added water. The sample consisted of a bottle of sterilised milk fitted with a defective crown cork as a result of which it appeared that much of the original milk had been lost from the bottle and replaced by water during the sterilisation process.

Four samples had solids-not-fat below the legal limit of 8.5 per cent., but the deficiencies were shown by the freezing-point to be due to natural causes and not to added water.

The three samples of Channel Island Milk (which is required to contain at least 4 per cent. fat instead of the usual 3 per cent.) were all satisfactory.

Foods other than Milk

Fourteen of the 117 samples of food other than milk were found to be unsatisfactory, details being as follows:—

Cake Mixture

Was unsatisfactory in that the label did not make clear to the purchaser that the contents of the packet required the addition of sugar, syrup, margarine and milk. In these days of "complete" cake mixes, to which the housewife has only to add water before baking, it is desirable that any necessary supplementary ingredients should be clearly stated on the front of the label. A Code of Practice designed for the protection of the consumer has been issued by the Food Manufacturers Federation, and the great majority of manufacturers follow its recommendations.

Chicken Cakes

Contained only 10 per cent. of chicken, and two samples described as *Chicken Rolls* contained no chicken, but only potato, bread crumbs and fat. In my opinion all three products should have contained at least 25 per cent. of chicken meat. Proceedings were instituted against the vendors of the Chicken Rolls, a fine of £35 plus £3 11s. 0d. costs being imposed.

Canned Boned Chicken

Contained 85 per cent. chicken and 15 per cent. added water and should have been described as "Boned Chicken in Broth". The article had been canned in China, which no doubt accounted for its failure to conform to British practice.

Currant Slice

Contained a number of woven vegetable fibres embedded in the pastry. The fibres were mainly jute and probably originated from a flour sack.

Fish Cakes

Contained only 30 per cent. of fish compared with the legal requirement of not less than 35 per cent. A subsequent formal sample from the same source just complied with the standard.

Salmon Cutlets

Two samples (the first informal and the second formal), each contained 25 per cent. salmon, the remaining 75 per cent. consisting of seasoned potato, breadcrumbs and fat. A true cutlet would consist of 100 per cent. fish and samples have been submitted for analysis possessing an 80 per cent. fish content, which is regarded as passable.

The description "cutlet" is intended, in my opinion, to imply a superior article to a fish-cake, whereas these samples were inferior to fish cakes, which are legally required to contain not less than 35 per cent. of fish.

Fish Cutlet

Containing 80 per cent. fish plus 20 per cent. fat, potato and breadcrumbs would have been regarded as satisfactory had not the vendor placed a notice beside the cutlets reading "100 per cent. fish".

Ice Cream

Contained 10.5 per cent. of vegetable fat, but no milk fat. The wrapper of the sample bore the word "Dairy" under the name "Ice-Cream", and also a picture of a milk-maid carrying two buckets. It therefore contravened the Labelling of Food (Amendment) Regulations which prohibit the use of "any word or pictorial device which refers to, or is suggestive of butter, cream or milk or of anything connected with the dairy interest", where non-milk fat has been used.

A further contravention of the same Regulations lay in the fact that the wrapper did not bear the words "Contains non-milk fat" or "Contains vegetable fat".

Orange Drink

Alleged to have caused illness to two consumers possessed a smell of phenolic disinfectant and analysis showed the presence of 4 parts per million of phenols. Any ill-effects brought about by this minute quantity of phenols must have been entirely psychological, nevertheless the sample was clearly "not of the quality demanded by the purchaser".

Rum Beans

Both an informal sample and a subsequent formal sample contained no more than a trace of alcohol in the liquid centres. Since each chocolate was wrapped in foil bearing the words "Jamaica Rum" and the price charged was 6s. 0d. per lb., a

rather more substantial quantity of rum might have been expected, or, alternatively, the sweets should have been described as “Rum *Flavoured* Beans” and the words “Jamaica Rum” omitted from the wrappers.

Drugs

The nine samples submitted for analysis all proved satisfactory.

Fertilisers and Feeding Stuffs Act, 1926

Ten fertilisers and two feeding stuffs were received for analysis under the above Act. Six of the fertilisers were satisfactory in all respects. Two *Compound Fertilisers* showed slight deficiencies in soluble phosphoric acid (due to reversion), whilst a *Fish Fertiliser* contained an excess of this ingredient. A *Liquid Fertiliser* was chemically satisfactory, but the Statutory Statement was not given in the manner prescribed by the Fertilisers and Feeding Stuffs Regulations. Both Feeding Stuffs were satisfactory in all respects.

Pharmacy and Poisons Act, 1933

One sample of disinfectant was submitted by The Shops Act Inspector. The phenol content was such as to render the article a Part II Poison.

Atmospheric Pollution

The measurement of atmospheric pollution using deposit gauges and lead peroxide cylinders was continued at the same three sites as in previous years. The results of the monthly analyses appear in the Tables on pages 97 and 98.

Water Analysis

One sample of water from the public supply was analysed and proved to be of high organic purity.

Three samples of water from flooded cellars were analysed in order to ascertain their origin. Two gave analytical figures indicative of the presence of domestic sewage, and the third appeared likely to be a spring water.

Radioactivity

A sample of the City Water is taken each week and the activity determined monthly on a composite sample. The level of activity, already low at the beginning of the year, showed a further downward trend.

Miscellaneous

Two samples of paint were submitted in connection with a case of lead poisoning. In both samples the pigment proved to be basic lead sulphate.

Conclusion

It is once again a pleasure to express my gratitude to my Deputy, Mr. L. A. Perkin, for his assistance in the various problems involved in the above work, and to the Chief Public Health Inspector, Mr. W. B. Twyford, and his Deputy, Mr. R. Sharp, for their most helpful co-operation throughout the year.

R. A. DALLEY, F.R.I.C., *Public Analyst*.

WAKEFIELD SWIMMING BATHS

(I am grateful to the Superintendent of the Baths for this report on the Swimming Baths.)

There are two indoor Swimming Baths in the City situated at Almshouse Lane and Sun Lane.

Almshouse Lane Baths

The pool contains 60,000 gallons of water and measures 71 feet by 30 feet. It ranges in depth from $2\frac{1}{2}$ feet to $6\frac{1}{2}$ feet.

It is filtered by a 6-foot "Turnover" filter plant, which has a complete turnover of the whole of the contents of the pool every $2\frac{1}{2}$ hours.

A "Bell's" Chlorinator is installed for measuring the required amount of liquid chlorine administered to the water after filtration.

A Cornish coal-fired boiler supplies steam to the filter, which acts in the capacity of a calorifier, to heat the water on its way to the pool. The temperature of the water in the pool is maintained at an average of 78 degrees F. all the year round. 97,904 bathers used this Bath in 1960.

Sun Lane Baths

The pool contains 170,000 gallons of water, measures 100 feet by 41 feet, and ranges in depth from 3 feet to 10 feet.

There are two 18 feet by 8 feet "Bell's" horizontal air-scoured filters, which give a turnover of $2\frac{1}{2}$ hours.

A Paterson Chloronome controls the chlorine mixture. Two electrode boilers heat the pool water, and maintain the temperature at an average of 78 degrees F. all the year round. In 1960 the number of bathers was 204,429.

General

Once a week bacteriological tests are made of the water at both baths and written copies of these are sent to the Superintendent of Baths and me. The test counts have always been satisfactory.

Superchlorination is practised at both baths during heavy bathing loads, and four tests per day are made for residual Chlorine and pH. The pH remains steady at 7.00.

Once a week water samples are sent to the Sewage Department for chemical analysis, and these tests also have given great satisfaction.

The source of water is from the Town's main at both Baths.

SEWERAGE AND SEWAGE DISPOSAL

The facilities for the disposal of sludge at the Calder Vale Sewage Works are no longer adequate and a scheme for a new sludge digestion plant is being prepared. The sewers in the region of Westgate End, including Horbury Road and Ings Road, are no longer adequate and occasional cellar flooding from the surcharged sewers does occur.

WAKEFIELD WATER, 1960

(I am grateful to the Waterworks Engineer for this report.)

A period of low rainfall in the early summer suggested that 1960 might be another dry year but prolonged and increased falls in the latter half raised the rainfall for the whole year to 18 per cent. above average. Rain fell on 253 days compared with an average of 223.

Consumption in the area of supply again rose in 1960 with an average daily figure of 6.57mg. gallons compared with 6.34mg. gallons in 1959. In the City the rise was once more mainly due to increased trade consumption.

The schemes to augment supplies and filter capacity reached a further step forward when, after an Inquiry held by a Ministry of Housing and Local Government Inspector in August, Orders for the Manshead Tunnel Scheme and Fixby Filter Scheme were made in November. The contract for the former has been let and contract documents for the latter were almost complete by the end of the year.

Mining under the Ardsley Reservoir has caused subsidence in the By-Channel and consequently some risk of ingress of surface water from surrounding land and buildings. Repairs cannot be undertaken until August, 1961, by which time movement should have ceased.

Each of the horizontal pressure filters at Jaw Hill was emptied, inspected and repaired where necessary. New sand was added to make up to correct level. Investigations as to the possibility of dechlorinating at Jaw Hill have been carried out and a scheme prepared.

Further progress in relaying the old Water Company's mains has been made and little work in this field remains. Some ball-hydrants have been replaced with hydrants conforming with British Standard Specification 750. Extensions of mains to feed new housing developments have been made where necessary.

The water supply of the area and of its several parts has been satisfactory both in quality and quantity.

Bacteriological examinations have been made of the raw water and also of the treated water going into supply. The numbers of these are as follows:—

Raw Water	..	..	..	..	..	9 samples
Settled Water	..	..	..	..	..	5 samples
Filtered Water	..	..	..	..	..	36 samples
Water in supply	..	..	..	..	..	38 samples.

Chemical analyses have been made as follows:—

Raw Water	..	..	..	..	..	6
Settled Water	..	..	..	..	..	4
Filtered Water	..	..	..	..	..	16
Water in supply	..	..	..	..	..	21

All the above analyses were satisfactory.

The water is liable to plumbo-solvent action and to counteract this the pH is increased by addition of lime. All chemical analyses include tests for plumbo-solvency.

No contamination was found in respect of any of the samples.

No house in the City is supplied by standpipe.

	Raw Water from Ringstone Main collected at Ardsley		Raw Water from Ryburn Main collected at Ardsley		Water collected from Tap in 21 King Street, Wakefield							
	Dates of Examination											
	17 Mar.	15 Sept.	15 Dec.	17 Mar.	9 June	15 Dec.	17 Mar.	9 June	15 Sept.	25 Nov.	15 Dec.	18 Dec.
Total Solids	65	70	60	105	110	80	115	135	120	145	115	145
Mineral Matter	55	60	50	90	70	70	100	90	90	105	80	115
Chlorides as NaCl	28	16	15	33	36	21	29	36	25	16	21	13
Free Ammonia	0.52	0.48	0.34	0.32	0.29	0.34	0.01	0.08	0.01	0.25	0.06	0.06
Albuminoid Ammonia	0.06	0.08	0.06	0.06	0.11	0.10	0.02	0.06	0.05	0.08	0.06	0.06
Oxygen absorbed in 4 hours at 80° F.	1.00	0.30	1.00	0.65	0.05	0.65	0.25	0.05	0.05	0.55	0.20	0.25
Nitrous Nitrogen	Nil	Nil	Nil	Nil	Nil	Nil	Very Slight Trace	Nil	Nil	Nil	Nil	Nil
Nitric Nitrogen	0.8	0.4	0.5	0.8	0.5	0.4	0.7	0.6	0.5	0.3	0.7	0.8
Total Hardness	25	20	18	35	35	26	70	60	56	60	56	65
Temporary Hardness	Nil	Nil	Nil	Nil	Nil	Nil	15	15	14	10	16	5
Permanent Hardness	25	20	18	35	35	26	55	45	42	50	40	60
Alkalinity in terms of C & CO ₃ to M.O.	Nil	Nil	Nil	Nil	Nil	Nil	15	15	14	10	16	5
Acidity in terms of C & O	5	5	5	5	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
pH Value	3.6	3.6	3.5	4.0	4.3	4.2	7.0	8.1	7.5	6.9	7.2	6.3
Colour — Hazen Units	10	5	15	10	Nil	10	Nil	Nil	Nil	Nil	Nil	Nil
Turbidity — Silica Scale	10	5	5	10	Nil	5	Nil	Nil	Nil	Nil	Nil	Nil
Manganese as Mn.	0.12	0.19	0.18	0.30	0.37	0.36	Nil	Nil	Nil	Nil	Nil	Nil
Iron as Fe.	0.8	0.73	0.60	0.28	0.13	0.35	0.04	0.03	0.04	0.09	0.02	0.03
Lead in Solution	..	..	..	..	..	..	Nil	Nil	Nil	Nil	Nil	Nil
Lead dissolved in 24 hours	..	..	..	..	..	..	Nil	Nil	Nil	Nil	Nil	Nil
Free Chlorine—Actual	..	..	..	..	..	..	Nil	Nil	Nil	Nil	Nil	Nil
Free	..	..	..	..	..	..	0.01	0.08	0.03	0.10	0.12	0.18
Total including Chloramines	..	..	..	..	..	..	0.03	0.11	0.09	0.70	0.13	0.24

(Results expressed in parts per million)

APPENDIX

Examples of some of the Children dealt with at the Junior Training Centre

(a) This little boy aged 5 years, a bonny normal child to look at, was of very poor behaviour — disobedient, obstinate, destructive and wilful. In all quite a 'handful', and needed constant supervision and correction of which, at first, he took very little notice. He would attempt to hang out of the Centre ground floor window or lay in front of a tricycle ridden by one of the children in 'Free Play'. He would consider this great fun! Just when we felt we were making headway and getting through to him he would suddenly do something and we realised we were right back at the beginning again. At first he was an extremely unsettling influence on the other children in this group, but eventually they understood they must not do the things he did, in fact they tried to help look after him, although, if they were not careful he would try to kick them or scratch and bite their cheeks. Fortunately he never managed to do this.

He was toilet trained but had some filthy habits. Spitting around the room or on his table was a favourite pastime. His speech was jumbled and inarticulate. He could feed himself but had to be persuaded to eat. With him table manners did not exist and often his table, complete with food, would be kicked over. He had little idea of play and raced around the room upsetting toys and annoying other children. Apart from all this, there was something likeable about him and we felt we could eventually make headway.

His father took him to the swimming baths and told me the child could swim. So it was apparent he would do quite peacefully the things he liked and enjoyed doing, all other things he rebelled against in no uncertain manner. He was indeed a challenge. After a number of weeks' attendance he started to sit for longer periods during lesson time, and appeared to take interest. He stopped annoying other children and made no more attempts to climb through the window or lay down in front of tricycles. In fact he was beginning to fit in at the Centre. He gained confidence in his teacher and would go and sit on her knee or stand beside her and take hold of her hand. This I felt was a beginning, and progress, however slight, was being made. His speech improved and when he wanted something urgently he would ask clearly and sensibly for it. Alas, this was not so at his home and his mother, who also has two younger children, felt she could not cope with any more. The outcome was that he entered hospital

temporarily for observation. The father came to see me stating he would have wished to persevere with the child but, quite rightly, had to consider his wife's health.

(b) Another case, a girl age 7 years old, came to the Centre with a history of constant faecal lapses and a constant refusal to eat meat of any kind. At first she had an occasional accident and was also extremely finicky with food. She was peevish and refused to join in with other children and would not attempt to do the small simple tasks asked of her. However, this behaviour was short lived and her attitude changed. There was no soiling and she became eager to please and to help. Her table manners were very good and she started to use a knife and fork and would eat any meat dish except pork. She began to play with and talk to other children with whom she became very popular. In fact when she was transferred to the Belle Vue Day Special School she was a pleasant child, willing to attempt any of her class work and any small task given to her.

(c) A boy who first came to the Centre when he was 12 years old. He had been in a residential school for backward children and was excluded because of constantly soiling himself. At first he had a most depressed attitude and seldom lifted his eyes or his head. He was truculent, stupid, never answered when spoken to, and pugnacious to other children. However, we found he was fairly good at sport and physical education and this we encouraged and praised. From this beginning he gradually improved all round. We also discovered he had a good sense of humour. His faecal lapses ceased and his behaviour was excellent at the Centre. His mother reported he had become well behaved at home and was a good help in the house. Eventually at the age of 16 years he left to work in a brickyard where he is still employed.

(d) A girl aged 4 years who had had a brain operation and had occasional blackouts. When these occurred she wandered aimlessly in a circle dragging the left foot. Her left hand is slightly paralysed and she has to be encouraged to use this as much as possible. At first she had a behaviour pattern of screaming temper tantrums, stamping her feet and slapping her own face. Whenever she could not have her own way this behaviour took place. She chews string, cotton, hair, shoe laces and fluff off the blankets and has to be constantly watched. At first she made a 'beeline' for the shoelaces in the children's shoes but this has stopped and she leaves the laces alone. Her speech amounts to a few odd words, i.e., "Kitty" (which she repeats over and over again), "Mummy and Daddy". Her toilet habits are clean and she now says "Pottie"

when it is required. Play is not constructive and everything is flung to the ground. She lives in a world of her own and other children do not exist so far as she is concerned. She is fascinated and keeps quiet when the teacher and children sing and watches during finger plays but does not attempt to do the simple actions. She has now started to feed herself but smells all food before putting it in her mouth. As she is such a disturbing element to the other children in her group I have temporarily transferred her to the next class above. This arrangement appears to be working as the children are older and not in the least alarmed at her tantrums. Indeed they show her how to play and generally help her, but unfortunately she appears to be entirely oblivious of their help. Originally this child was admitted to the Centre for a trial period to see what could be done for her and to help her mother.

INDEX

	<i>page</i>
Accidents—Campaigns	44
Ambulance Service	34
Ambulance Service, Civil Defence	36
Analgesics	26
Ante-natal services	16
Area of City	10
Atmospheric Pollution	97
Barbers' Premises, registration of	102
Birth rate, adjusted	10
Birth rate, crude	10
Births, Illegitimate	10, 29
Births, Legitimate	10
Blindness, Incidence of	67
Brucella abortus	82
Canal Boats	102
Cancer education	44
Child Guidance Liaison	18
Child Welfare Clinics	17
Child Welfare Clinics—attendances	17
Children neglected or ill-treated	29
Chiropody Service	40
City Analyst's Report	104
Clean Air	95
Closet Accommodation	101
Complaints, investigation of	71
Confinements, details of	25
Convalescent Home treatment	38
Day Nursery	19
Deaths—causes	14
Deaths—registered	13
Death-rate, adjusted	13
Death rate, crude	13
Dental treatment of Expectant and Nursing Mothers	20
Dental treatment of Pre-School Children	20
Diabetes, domiciliary service	41
Diphtheria	60
Domestic Help Service	46
Dysentery	60
Equipment, loan of	42
Erysipelas	60
Factories Act, 1937	102
Fertilisers and Feeding Stuffs Act, 1926	95, 107
Food and Drugs Act, 1955	77
Food Hygiene	89
Food Poisoning	61
Food Preparation Premises, registration of	91
Food, unsound—disposal of	94
Foods, other—bacteriological examination of	80
Foods, other—inspection of	83

	<i>page</i>
Geriatrics	28
Hairdressers' Establishments, registration of	102
Hawkers of Food, registration of	90
Health Centres	16
Health Education	43
Health Visiting Service	26
Home Nursing Services	29
Houses, Clearance of unfit	74
Houses demolished	76
Houses erected during 1960.. .. .	74
Houses, number of inhabited	10
Ice Cream	90
Immunisation—Diphtheria	31
Immunisation—Whooping Cough	32
Infant Mortality	11, 12
Introductory letter	3
Laundry Service	40
Mass Radiography Unit	38
Maternal Mortality	11
Measles	62
Medical Aid	26
Meningococcal infections	62
Mental Health Services	48
Midwifery Service	24
Milk and Dairies Regulations, 1959	77
Milk—bacteriological examination	78
Milk—chemical examination	83
Moveable dwellings	77
National Assistance Act, Section 47	67
Neo-natal mortality	11
Nuisances, investigation of	73
Nursing Homes	21
Offensive Trades	102
Orthopaedic Clinic Treatment	20
Pemphigus Neonatorum	62
Pneumonia	62
Perinatal mortality	11
Poliomyelitis	60
Population of City	10
Population density	10
Post-natal care	16
Premature babies, care of	18
Psychiatric Services—Liaison	54
Psychiatric Services—Out-Patients' Clinic	55
Psychiatric Services—Social Club	55
Puerperal Pyrexia	62
Radio Telephone Control—Ambulances	35
Rag Flock and Other Filling Materials Act, 1951	95

	<i>page</i>
Rate, product of penny	10
Rateable Value	10
Refuse storage accommodation	101
Relaxation classes	16
Rent Act, 1957	76
Rodent Control	100
Sanitary Inspection of Area	69
Scarlet Fever	62
Sewage and Sewerage Disposal	109
Slaughter of Animals Act, 1933-1954	92
Social Conditions	10
Staff—medical examinations	67
Still-births	11
Swimming Baths	108
Training Centre for the mentally sub-normal	50, 112
Tuberculosis—free milk scheme	38
Tuberculosis—prevention of	38
Ultra Violet Light Treatment	20
Unmarried Mothers, care of	21
Vaccination—Poliomyelitis	33
Vaccination—Smallpox	31
Vaccination—Tuberculosis	33
Vehicle Maintenance Workshop	36
Venereal Diseases	63
Verminous Premises	100
Vital Statistics	10
Water—bacteriological examination	80
Water—chemical analysis	110
Water supply	109
Welfare Foods—Distribution of	18
Whooping Cough	63

